

ODESSA RETIRED TEACHERS/SCHOOL PERSONNEL ASSOCIATION

MEMBERSHIP FORM DATE: 2025 - 2026

State Dues \$35 + Local Dues \$15 = \$50 Total Dues

DATE _____ CHECK NUMBER _____ (Required)

**** PRINT THIS FORM AND MAIL WITH CHECK ****

Make check payable to ORT/SPA

MAIL TO: Treasurer
P. O. Box 14342
Odessa, TX 79768

NAME _____
(Last) (First)

ADDRESS _____
(#/Street) (City) (State) (Zip)

PHONE _____ CELL _____

E-MAIL _____