

**RETIRED TEACHERS' ASSOCIATION OF IRELAND
AUTHORISATION FOR MEMBERSHIP AND DEDUCTION OF SUBSCRIPTION**

**COMPLETE
ONE SIDE
ONLY**

GROUP NO.			PAYROLL NUMBER*						P.P.S. NUMBER**					
1	7	0												

SURNAME

FIRST NAME(S)

ADDRESS

*Payroll number is to the left of your name **INSIDE** the Pension Payslip or on particulars from the D.E.S.
**P.P.S. Number is to the left of that again and on all tax documents.

TELEPHONE: MOBILE: E-MAIL:

I wish to join the Retired Teachers' Association of Ireland and I hereby authorise the Retired Teachers' Payroll Section of the Dept. of Educ. and Skills to deduct from my pension the subscription (€1.25 per week, or as decided by the A.G.M.) to be paid to the Retired Teachers' Association of Ireland on my behalf.

Signed: Date: Retirement Date:

This card and all correspondence to be sent to: National Secretary R.T.A.I., Vere Foster House, 35 Parnell Square, Dublin 1.
Telephone: 01-2454130 • Fax: 01-8749117 • Email: info@rtaireland.ie • Web: www.rtaireland.ie