



RETIREE APPLICATION

Applicant Name:

Email:

Phone:

Address:

City:

State:

Zip:

Certificate Name:

Retiree Terms: [By checking I affirm that I have read and understand the statements linked here.](#)

Employers Name (or Private Practice):

Business Address:

City:

State:

Zip:

Business Phone:

Have you ever been denied an ALTA certificate of registration?

If denied, provide reason:

Please indicate how you qualify for this level of membership:

I have been a certified member of ALTA for at least 20 years

I am 65 years of age or older. Birthday:

(You may be asked to provide proof of age)

Date Joined ALTA:

I am an interested in service on one or more of the following committees:

Registration/Certifying Committee

CE Committee

Nominating Committee

Bylaws Committee

Ethics/Grievances Committee

Chapter Committee

Legislative Committee

Have you ever had a state teaching license revoked or suspended?

If yes, please provide reason:

Signature: