



FAMILY MEMBERSHIP DATA FORM

TO THE APPLICANT: This form must be filled out by your Sponsor (MTA Member). Return your completed Data Form to Massachusetts Teachers Association, Attn: Membership, 2 Heritage Drive, 8th floor, Quincy, MA 02171.

Applicant's Name _____ **Telephone** _____

Home Address _____

Sponsor *(Must be an active, retired, or deceased active or retire member)* _____

Sponsor's Home Address _____

Sponsor's MTA Member # _____

Applicant's Relationship to Sponsoring Member _____

Signature of Sponsoring Member _____

In making application for MTA Family Membership, I understand that the benefits of such membership shall be limited to the special services programs for which the Family member is eligible. Visit www.mtabenefits.com/family-members for details.

_____ **Date** _____ **Signature of Applicant**

Family membership is available to family members of an active, retired, or deceased member who are (a) not otherwise eligible for active or retired membership, and (b) who are sponsored by an active or retired member. Family members are defined as mother, father, sister, brother, son, daughter, grandchild and the spouse or domestic partner of an active, deceased active, retired or deceased retired member who is not otherwise eligible for active or retired membership.