Denver Classroom Teachers Association
1500 Grant Street, Suite 200
Denver, CO 80203

To Whom It May Concern:

I am writing this letter to request my $24 Every Member Option refund for the 2012-2013 school year. Please kindly send the payment to the address listed below.

Name: _____

Address: _____

City / State / ZIP: _____

Last 4 Digits of Social Security Number: _____

_____ _____
Signature Date