

**Deadline: December 1.** Please complete online and email to [brenda@trta.org](mailto:brenda@trta.org).

You may save a copy for your records. You may also mail the form to: Texas Retired Teachers

Association 313 E. 12th Street, Suite 200 | Austin, TX 78701-1957

# 2017-2018 TRTA DATA COLLECTION FORM

**Required Data**

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Signature of 2016-2017 District President \_\_\_\_\_ District number \_\_\_\_\_

My signature confirms that each of the below officers are current members of a local unit and TRTA as required by Article V, Section 1, of the TRTA Bylaws of TRTA.

**President**

Name \_\_\_\_\_ Member ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**First Vice-President (Membership)**

Name \_\_\_\_\_ Member ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Second Vice-President (Public Relations)**

Name \_\_\_\_\_ Member ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Treasurer**

Name \_\_\_\_\_ Member ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Secretary**

Name \_\_\_\_\_ Member ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Parliamentarian (Bylaws)**

Name \_\_\_\_\_ Member ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Historian**

Name \_\_\_\_\_ Member ID \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_