

**Deadline: May 1.** Please complete online and email to [brenda@trta.org](mailto:brenda@trta.org). You may save a copy for 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 2017 -2018 District President \_\_\_\_\_ District number \_\_\_\_\_

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.

## Legislative

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

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

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

## Informative and Protective Services

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

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

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

## Community Volunteer Service

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

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

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

## Retirement Education

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

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

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

## Health Care

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

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

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

## Foundation Liaison

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

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

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

## Member Benefits

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

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

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

## Technology Contact

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

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

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

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**TRTA District**  
**Committee Chairmen**  
**July 1 - June 30**

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## Local Unit Support Liaison

Name \_\_\_\_\_ Member ID \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_