

Deadline: May 1. Please complete online and email to 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

2018-2019 TRTA DATA COLLECTION FORM

Required Data

Submitted by _____ Date _____

Signature of 2018-2019 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.

Please check the box if you are on a two-year chair cycle. Two-year cycle will begin _____ and end _____.

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 _____