

2020-2021 Membership Year Local Unit Reporting Form

Local/District:

RENEWING MEMBERS

Report local unit members paying TRTA state dues

Do not collect TRTA state dues from Life, Current Monthly (CM), or Bank Draft Members (DM/DA)

TRTA ID #	<small>(Please Alpha)</small> Last Name	First Name	Address	City	Zip	Phone Email	M	AM

Submitted By: _____ **Phone:** _____ **Date:** _____

2020-2021 Membership Year Local Unit Reporting Form

Local/District:

MEMBERS JOINING FROM AT-LARGE LIST

Report At-Large Members on this form but only collect state dues for unpaid annual members (M/AM)

TRTA ID #	(Please Alpha) Last Name	First Name	Address	City	Zip	Phone Email	Dues Enclosed?

Submitted By:

Phone:

Date:

2020-2021 Membership Year Local Unit Reporting Form

Local/District:

NEW ANNUAL MEMBERS (M/AM)

M – Member / AM – Associate Member

Report CM and Bank Draft members on their respective forms

(Please Alpha) Last Name	First Name	Address	City	Zip	Phone ----- Email	M/AM	Dues Enclosed?

Submitted By: _____ **Phone:** _____ **Date:** _____

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Local/District:

NEW CURRENT MONTHLY MEMBERS (CM)

TRS Payroll Deduction of \$2.92 per month

Must include an ORIGINAL TRS 593 form with complete SSN, signature and date

TRTA ID # or New Member	(Please Alpha) Last Name	First Name	Address	City	Zip	Phone ----- Email	TRS 593 Enclosed?

Submitted By: _____

Phone: _____

Date: _____

2020-2021 Membership Year Local Unit Reporting Form

Local/District:

NEW BANK DRAFT MEMBERS (DM/DA)

DM – Draft Member / DA – Draft Associate Member
\$2.92 monthly deduction from bank account

Must include a completed membership form with signature and a voided check

TRTA ID # or New Member	(Please Alpha) Last Name	First Name	Address	City	Zip	Phone Email	DM/DA

Submitted By: _____ **Phone:** _____ **Date:** _____

2020-2021 Membership Year Local Unit Reporting Form

Local/District:

DECEASED MEMBERS

Report deceased members as soon as possible

TRTA ID #	(Please Alpha) Last Name	First Name	Address	City	Zip

Submitted By: _____

Phone: _____

Date: _____

2020-2021 Membership Year Local Unit Reporting Form

Local/District:

UPDATES

Report updates as soon as possible

TRTA ID #	Member Name	Information to Add/Update (Email/Phone/Address/Member Type)	Updated Information

Submitted By:

Phone:

Date: