

# 2021-2022 Membership Year Local Unit Reporting Form

**District:** \_\_\_\_\_ **Local (No Abbreviations):** \_\_\_\_\_

## 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 #	(Please Alpha) Last Name	First Name	Address	City	Zip	Phone ..... Email	M	AM

**Submitted By:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## 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:** \_\_\_\_\_

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## NEW ANNUAL MEMBERS (M/AM)

M – Member / AM – Associate Member

Report CM and Bank Draft members on their respective forms

<small>(Please Alpha)</small>							
<b>Last Name</b>	<b>First Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone</b>	<b>Email</b>	<b>M/AM</b>
							<b>Dues Enclosed?</b>

**Submitted By:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## 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:** \_\_\_\_\_

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## 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: \_\_\_\_\_

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## DECEASED MEMBERS

Report deceased members as soon as possible

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

**Submitted By:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**District:** \_\_\_\_\_ **Local** (No Abbreviations): \_\_\_\_\_

## 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:** \_\_\_\_\_