



MRTA LOCAL UNIT OFFICER REPORT

This report is required **January 15 of Every Year.**

The Unit President or Secretary should complete and mail to:

MRTA 3030 DuPont Circle, Jefferson City, MO 65109 OR E-MAIL TO: MRTA@MRTA.ORG

DATE: _____

*For Office Use
MRTA STATE
MEMBER ID#*

NAME OF LOCAL UNIT: _____

OFFICERS

PRESIDENT: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

PRESIDENT-ELECT OR VICE-PRESIDENT: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

SECRETARY: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

TREASURER: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

COMMITTEE CHAIRPERSONS

MEMBERSHIP CHAIR: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

LEGISLATIVE CHAIR: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE:** _____

**COMMUNITY
SERVICE CHAIR:** _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE:** _____

**INFORMATIVE & PROTECTIVE
SERVICES CHAIR:** _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE:** _____

**RETIREMENT
EDUCATION CHAIR:** _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ **ZIP:** _____ **PHONE:** _____

MEETING & MEMBERSHIP INFORMATION

This information will be used for the MRTA Unit of Excellence Program.

Please call the State MRTA Office for the list of MRTA members in your area to find the number of MRTA members in your Unit (1-877-366-6782).

EXACT NAME OF MEETING PLACE: _____

EXACT ADDRESS & ZIPCODE OF MEETING PLACE: _____

DATE, HOUR, ETC: _____

OF MEETINGS/YEAR: _____ **AVERAGE ATTENDANCE:** _____

OF UNIT MEMBERS: _____ **# OF STATE MEMBERS IN YOUR UNIT:** _____

DURATION OF UNIT OFFICERS TERM OF OFFICE (e.g. one year, two years?) _____

COMMENTS: _____