



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

**For Office Use
MRTA STATE
MEMBER ID#**

DATE: _____

NAME OF LOCAL UNIT: _____

DOES YOUR UNIT HAVE A FACEBOOK PAGE OR WEBSITE: ____ FACEBOOK ____ WEBSITE ____ NEITHER

OFFICERS

PRESIDENT: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE ZIP: _____ PHONE: _____

PRESIDENT-ELECT OR VICE-PRESIDENT: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE ZIP: _____ PHONE: _____

SECRETARY: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE ZIP: _____ PHONE: _____

TREASURER: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE ZIP: _____ PHONE: _____

COMMITTEE CHAIRPERSONS

MEMBERSHIP CHAIR: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE ZIP: _____ PHONE: _____

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LEGISLATIVE CHAIR: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE ZIP: _____ PHONE: _____

COMMUNITY SERVICE CHAIR: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE ZIP: _____ PHONE: _____

INFORMATIVE & PROTECTIVE SERVICES CHAIR _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE ZIP: _____ PHONE: _____

RETIREMENT EDUCATION CHAIR: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

CITY, STATE ZIP: _____ PHONE: _____

MEETING & MEMBERSHIP INFORMATION

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

EXACT NAME OF MEETING PLACE: _____

EXACT ADDRESS 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: _____

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