



## MRTA LOCAL UNIT OFFICER REPORT

This report is required **December 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](mailto:mrta@mrta.org)**

For Office Use  
MRTA STATE  
MEMBER ID#

DATE: \_\_\_\_\_

NAME OF LOCAL UNIT: \_\_\_\_\_

Year and Month Established: \_\_\_\_\_

DOES YOUR UNIT HAVE A FACEBOOK PAGE OR WEBSITE: \_\_\_\_\_ FACEBOOK \_\_\_\_\_ WEBSITE \_\_\_\_\_ NEITHER

Please enter the link/name: \_\_\_\_\_

### 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.

**NAME OF MEETING PLACE(S):** \_\_\_\_\_

**ADDRESS OF MEETING PLACE(S):** \_\_\_\_\_

**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. If you need to find the number of MRTA members in your Unit (1-877-366-6782).

Please attach a copy of your unit membership directory.