



MRTA LOCAL UNIT OFFICER REPORT

This report is required **Every Year**. The Unit President or Secretary should complete and mail to:

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

jimkreider@morta.org

This is important and you are important. THANK YOU for your cooperation.

* This report should be sent to MRTA each time a new officer is installed or when any changes occur. **PLEASE TYPE OR PRINT: DATE:** _____

NAME OF LOCAL UNIT: _____

OFFICERS

PRESIDENT: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

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

VICE-PRESIDENT: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

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

SECRETARY: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

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

TREASURE: _____

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 PARTICIPATION CHAIR: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

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

INFORMATIVE & PROTECTIVE SERVICES CHAIR: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

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

RETIREMENT PLANNING CHAIR: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

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

MEETING & MEMBERSHIP

PLACE OF MEETING: _____

DATE, HOUR, ETC: _____

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

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

WHEN WILL YOU NEXT INSTALL NEW OFFICERS? _____

WILL YOUR OFFICERS SERVE FOR ONE OR TWO YEARS? _____

COMMENTS: _____
