



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@MORTA.ORG

DATE: _____

NAME OF LOCAL UNIT: _____

**MRTA STATE
MEMBER?
(Please circle)**

OFFICERS

PRESIDENT: _____

YES NO

E-MAIL ADDRESS: _____

ADDRESS: _____

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

VICE-PRESIDENT: _____

YES NO

E-MAIL ADDRESS: _____

ADDRESS: _____

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

SECRETARY: _____

YES NO

E-MAIL ADDRESS: _____

ADDRESS: _____

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

TREASURER: _____

YES NO

E-MAIL ADDRESS: _____

ADDRESS: _____

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

COMMITTEE CHAIRPERSONS

MEMBERSHIP CHAIR: _____

YES NO

E-MAIL ADDRESS: _____

ADDRESS: _____

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

**MRTA STATE
MEMBER?
(please circle)
YES NO**

LEGISLATIVE CHAIR: _____

E-MAIL ADDRESS: _____

ADDRESS: _____

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

**COMMUNITY
SERVICE CHAIR:** _____

YES NO

E-MAIL ADDRESS: _____

ADDRESS: _____

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

**INFORMATIVE & PROTECTIVE
SERVICES CHAIR:** _____

YES NO

E-MAIL ADDRESS: _____

ADDRESS: _____

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

**RETIREMENT
PLANNING CHAIR:** _____

YES NO

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 number of state members in your unit (1-877-366-6782).

PLACE OF MEETING: _____

DATE, HOUR, ETC: _____

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

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

COMMENTS: _____
