

Membership Data Form

To be Completed by Member

Member's Social Security Number _____ - _____ - _____

Name (Last, First, Middle) _____

Address _____

City _____ State _____ ZIP _____

County of Residence _____

☐ Male ☐ Female Date of Birth _____

Mobile Phone (_____) _____ Email _____

To be Completed by Employer

Employer _____ Employer Code _____

Employer Type: ☐ School ☐ College/State Agency

Employee's Primary Position _____

If school, Employee on contract? ☐ Yes ☐ No If yes, number of days on contract? _____

If college/state agency, Employee (Check One) : ☐ Full-Time ☐ Part-Time

Employee Enrolled as ☐ Contributory ☐ Noncontributory Verified by ATRS _____

Employee's first day of work (Month/Day/Year) _____