



Membership Data Form

To be Completed by Member

Member's Social Security Number _____ - _____ - _____

Name (Last, First, Middle) _____

Maiden Name (If applicable) _____

Address _____

Male Female Member's Date of Birth _____

County of Residence _____

City _____ State _____ Zip _____

Member's Telephone Number Work () _____ Home () _____

Name of Spouse (Last, First, Middle) _____

Spouse's Date of Birth _____

Member's Signature _____ Date _____

Member History

Previous Service:

- Arkansas Public Schools Yes No Dates _____
- Arkansas State Agency Yes No Dates _____
- Arkansas Highway Dept Yes No Dates _____
- Arkansas State Police Yes No Dates _____
- Private Schools Yes No Dates _____
- Out-of-State Service Yes No Dates _____
- Active Military Service Yes No Dates _____

Have you ever participated in an Alternate Retirement Plan? (ie. TIAA-Cref, Valic) Yes No

Have you ever been a member of ATRS? Yes No

Have you ever received a refund? Yes No

To be Completed by Employer

School District _____ Employer Code _____

Member's Primary Position _____

Is Member a contract Employee? Yes No If yes, number of days? _____

Employee enrolled as Contributory Noncontributory Verified by ATRS _____

Member's first paid day of service (Month/Day/Year) _____