



## 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates _____ |
| Arkansas State Agency   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates _____ |
| Arkansas Highway Dept   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates _____ |
| Arkansas State Police   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates _____ |
| Private Schools         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates _____ |
| Out-of-State Service    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Dates _____ |
| Active Military Service | <input type="checkbox"/> Yes | <input type="checkbox"/> 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*) \_\_\_\_\_