

### 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) \_\_\_\_\_