



MONTANA TEACHERS' RETIREMENT SYSTEM

1500 East Sixth Avenue
P O Box 200139
Helena, MT 59620-0139
(406) 444-3134

RECORD FOR MEMBERSHIP FORM

IMPORTANT: This information must be complete and accurate in every detail. It is a legal document and serves as the basis for all membership privileges and responsibilities. It also provides positive identification for the management of the member's Teachers' Retirement System (TRS) account. Information concerning member accounts may only be provided to the member unless a signed release is on file with the TRS. **ALL INFORMATION MUST BE TYPEWRITTEN OR PRINTED IN DARK INK.**

PERSONAL DATA (must reflect your legal name):

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN/PREVIOUS MARRIED NAME	SOCIAL SECURITY #
MAILING ADDRESS			CITY/STATE/ZIP	SEX (M/F) DATE OF BIRTH
SIGNATURE OF MEMBER (Must reflect your legal name)				DATE

EMPLOYMENT HISTORY

CURRENT EMPLOYER:

School District, University or Institution _____

City _____ County _____ School Year _____

PRIOR SERVICE:

Date of last service as a teacher in public or state supported schools in Montana prior to this year: _____
Month/Year

School District or University and county in which last employed: _____

Have you ever withdrawn your account balance from the Montana Teachers' Retirement System? _____

If so, date service was withdrawn: _____ Last name at the time of withdrawal: _____

Have you ever been employed in Montana by the State, a city or county other than as a teacher? _____

Have you ever been employed in other public, state supported or private schools as a teacher in another state? _____

If so, please list the location, the dates and the retirement system you were reported to:

Location	Dates: From	To	Retirement System
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