



Arkansas
Teacher
Retirement
System

1400 West Third, Little Rock, AR 72201
Phone (501) 682-1517 or (800) 666-2877
Fax (501) 682-1812
Website - <http://www.atrs.state.ar.us>
Email - membershipdept@atrs.state.ar.us

Membership Data Form

To Be Completed by Member

Member's Social Security Number

Name (Last, First, Middle)

Maiden Name (if applicable)

Mailing Address

Male Female Member's Date of Birth

County of Residence

City State Zip

Member's Phone 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 <input type="text"/>
Arkansas State Agency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates <input type="text"/>
Arkansas Highway Dept	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates <input type="text"/>
Arkansas State Police	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates <input type="text"/>
Private Schools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates <input type="text"/>
Out-of-State Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates <input type="text"/>
Active Military Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dates <input type="text"/>

Have you ever participated in an Alternate Retirement Plan? (i.e. 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) _____