



Montana Teachers' Retirement System

1500 East Sixth Avenue
P.O. Box 200139
Helena, MT 59620-0139
406-444-3134 866-600-4045
trs.mt.gov

TRS Office Use Only

FORM 102: RECORD FOR MEMBERSHIP

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

IMPORTANT: This form is a legal document and serves as the basis for all membership privileges and responsibilities, providing the Teachers' Retirement System (TRS) with positive identification for the management of a member's account. The information on this form must be complete and accurate in every detail. **Incomplete forms will be returned.** TRS will provide personal account information to the member only unless a signed Form 136 Authorization for Release of Information is on file with TRS. **DO NOT complete this form if you are receiving a monthly benefit from the Montana TRS.**

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

SECTION I: MEMBER INFORMATION

Full Name: First	Middle	Last	Suffix	Sex M/F	Birth Date (mm/dd/yyyy)
		()			()
Maiden or Other Name Previously Reported to TRS		Home Telephone Number		Cell Telephone Number	
Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)					Social Security Number

Employment History (Employment history used for eligibility to purchase additional instructional related service.)

Montana Teaching or Educational Services With a School District, University, or Institution	FROM	TO
	Dates of Employment (mm/yy)	

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	Dates of Employment (mm/yy)	

Have you withdrawn your account from Montana TRS? Yes No

If yes, date of withdrawal (mm/dd/yyyy): _____ Last name at time of withdrawal: _____

Were you employed in Montana by the State, a city, or a county other than as a teacher? Yes No

If yes, location: _____ FROM _____ TO _____
Dates of Employment (mm/yy):

Were you previously employed in a public, state-supported, or private school as a teacher in another state? Yes No

If yes, list the location, retirement system, and dates employed:

Institution Location	Retirement System	FROM	TO
		Dates of Employment (mm/yy)	

Institution Location	Retirement System	FROM	TO
		Dates of Employment (mm/yy)	

Member's Signature

Date

SECTION II: EMPLOYER CERTIFICATION

Name of School District, University, or Institution TRS Employer Number

TRS Member's Position Title (as listed in job description) Essential Duties and Responsibilities

Certifying Officer's Name Certifying Officer's Title

Certifying Officer's Signature

Date