



# Texas Municipal Retirement System

## Application for the Advisory Committee on Retirement Matters

Please type or print clearly.

### **I. PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Home Fax: (\_\_\_\_) \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ Work Fax: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### **II. EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Profession: \_\_\_\_\_

Present Job Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **III. EDUCATION/TRAINING**

<u>Type of School</u>	<u>Name/Location of School</u>	<u>Year Graduated</u>	<u>Field of Study</u>
High School	_____	_____	_____
Undergraduate	_____	_____	_____
Graduate	_____	_____	_____
Other	_____	_____	_____

**IV. PROFESSIONAL MEMBERSHIP(S)**

---

---

---

**V. VOLUNTEER ORGANIZATION(S)**

---

---

---

**VI. SPOUSE INFORMATION (if applicable)**

Spouse Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Present Job Title: \_\_\_\_\_

Do you or your spouse conduct any business with any trustee or employee of TMRS? Do you or your spouse conduct any business with or for TMRS? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain below.

---

---

Are you or your spouse related to a trustee or employee of TMRS? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain below.

---

---

**VII. OTHER**

Please indicate which position you are applying to fill:

Individual Class \_\_\_\_\_

Group Class \_\_\_\_\_

Organization Representing \_\_\_\_\_

Why are you interested in serving on the TMRS Advisory Committee? What contribution would you like to make to the Committee?

---

---

---

---

---

**VIII. REFERENCES**

Name	Telephone	Relationship
1.		
2.		
3.		

**CERTIFICATION OF APPLICANT**

I hereby certify that the foregoing and any attached statement(s) are true, accurate and complete. I agree that any misstatement, misrepresentation or omission of a fact may result in my disqualification for appointment to the TMRS Advisory Committee on Retirement Matters.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please email, mail or fax this form to:

Cindy Morse  
Texas Municipal Retirement System  
P. O. Box 149153  
Austin, Texas 78714-9153  
Fax: (512) 474-9180  
emorse@tmrs.com

Any information provided on this application or on an attachment may be subject to the Texas Public Information Act.