Application for WSRSEA CHAPTER

Legal Name _____

Preferred Name (Optional) _____

Address _____

City, State, Zip_____

Home Phone_____ Cell _____

Email _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

** I receive or am eligible to receive an annuity from TRS _____Yes _____ No

** IF WSRSEA makes a directory/contact info list available to its members, do you want your email and other contact info included? _____ Yes _____ Address only _____ Phone only _____ Email only _____ NO email, but include my address and phone.

Make check to: WSRSEA. Mail to: WSRSEA, 2917 Cortez Dr. Ft. Worth 76116-3310