



TMCA Member Retirement Information

Congratulations on your retirement! Please provide the following information so that TMCA may honor you for your years of service in municipal government.

Retiree's name: _____

Home mailing address: _____

Home phone number: _____

Personal email: _____

TMCA Chapter (if any): _____

Date and city of retirement: _____

Title at retirement: _____

Years of service as a city secretary: _____

Years of service in other city departments: _____

If your city is holding a retirement reception in your honor, please include the date, time, location: _____

Do you plan to attend the **TMCA Banquet** held at the TMCCP Advanced Institute Seminar in **October**?

Yes No

What are your plans for retirement?

If not completed by retiree, please sign: _____

Please submit completed form as soon as possible prior to your retirement:

TMCA Retirement Committee Chair Shelley George, TRMC: sgeorge@cityofallen.org