

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM  
FORM 602 - LOCAL BOARD MEMBERSHIP

1. DEPARTMENT INFORMATION:			
<b>DEPARTMENT NAME:</b>			
<b>FIRE CHIEF:</b>			
Department Mailing Address:			
City/State/Zip Code:			
Department Street Address:		Phone Number:	
City/State/Zip Code:		Fax Number:	
Department E-mail:			

2. LOCAL BOARD MEMBERSHIP:			
<b>CHAIRMAN</b>	Name:	Represents:	
	Address:	City/State/Zip:	
	Phone:	Term Begin Date:	Term End Date:
	E-mail:		

<b>VICE-CHAIRMAN</b>	Name:	Represents:	
	Address:	City/State/Zip:	
	Phone:	Term Begin Date:	Term End Date:
	E-mail:		

<b>SECRETARY</b>	Name:	Represents:	
	Address:	City/State/Zip:	
	Phone:	Term Begin Date:	Term End Date:
	E-mail:		

<b>TRUSTEE</b>	Name:	Represents:	
	Address:	City/State/Zip:	
	Phone:	Term Begin Date:	Term End Date:
	E-mail:		

<b>TRUSTEE</b>	Name:	Represents:	
	Address:	City/State/Zip:	
	Phone:	Term Begin Date:	Term End Date:
	E-mail:		

<b>TRUSTEE</b>	Name:	Represents:	
	Address:	City/State/Zip:	
	Phone:	Term Begin Date:	Term End Date:
	E-mail:		

3. LOCAL BOARD MEMBERSHIP – CERTIFICATION AND SIGNATURE			
By my signature, I certify that the information above is true and correct.			
Signature:	<b>X</b>	Date:	

CHAIRMAN, LOCAL BOARD