

MEMBERSHIP FORM

NAME: _____ SEX: M F MARITAL STATUS: _____

SOCIAL SECURITY NUMBER: _____ BIRTH DATE: _____

ADDRESS: _____
(Street) (Apt No.) (City) (State) (Zip)

HOME TELEPHONE NUMBER: _____ E-MAIL: _____

I AM EMPLOYED BY: (CHECK ONLY ONE)

STATE OF ARIZONA

COUNTY OF: (CIRCLE ONE) APACHE COCHISE COCONINO GILA GRAHAM
GREENLEE LA PAZ MARICOPA MOHAVE NAVAJO
PIMA PINAL SANTA CRUZ YAVAPAI YUMA

TOWN OF: _____

CITY OF: _____

POSITION TITLE: _____

MEMBERSHIP DATE: _____ **CURRENT ANNUAL SALARY:** _____

NAME OF SPOUSE: _____ SPOUSE'S BIRTH DATE: _____

SPOUSE'S SOCIAL SECURITY NUMBER: _____ NUMBER OF CHILDREN UNDER AGE 18: _____

BIRTH DATE(S): _____

PREVIOUS EMPLOYMENT: APPLIES ONLY TO PERIODS OF SERVICE AS AN ELECTED OFFICIAL WHICH OCCURRED PRIOR TO MEMBERSHIP DATE SHOWN ON THIS FORM.

	<u>FROM</u>	<u>THROUGH</u>	<u>TITLE OF POSITION</u>	<u>EMPLOYER</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

At completion of the term(s) of office as indicated above, was a refund of Member Contributions processed? Yes No

If I am a State Elected Official who is subject to term limits, by signing this membership form I understand that I had the option to elect not to participate in the Plan but by signing this Membership Form I agree to participate in the Elected Officials' Retirement Plan.

I declare under penalties of perjury that the above information is true, correct and complete to the best of my knowledge and belief.

DATE: _____ EMPLOYEE'S SIGNATURE _____

EMPLOYER ACKNOWLEDGEMENT

I hereby acknowledge that the Membership Date and Position Title information provided by the member above corresponds with the information in our personnel files.

Date Telephone Number Authorized Signature of Employer
SIGNEE TITLE: _____ E-MAIL ADDRESS: _____

