

**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: \_\_\_\_\_

