



Membership Information

Member Information
Please provide your Member ID or Social Security number in the Member ID box below.

Member Name:		Member ID:	
Address:	City:	State:	Zip Code:
Date of Birth:	Home Phone:	Work Phone:	
Email address:	Marital Status:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Full Name of Employing Agency:			
Date of Employment with Agency:		Other Name Under Which You May Have Been Previously Employed:	

Previous County, City or State Employment

Department or Agency	Position	From			To			Administrative Use		
		Month	Day	Year	Month	Day	Year	Month	Day	Year

Statement of Active Duty Military Service

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Certification

I understand that no benefits may be paid to me or my beneficiary until this completed form is filed at the retirement office.

Signature: _____

Date: _____