



# PERA

Public Employees  
Retirement Association  
of New Mexico

33 Plaza La Prensa, Santa Fe, New Mexico 87507  
(505) 954-0370 fax (505) 476-9300 voice  
(800) 342-3422 Toll-Free  
[www.nmpera.org](http://www.nmpera.org)

## APPLICATION FOR PERA MEMBERSHIP FORM

Instructions: Please print or type in dark ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

### MEMBER INFORMATION PRINT OR TYPE CLEARLY

#### **SOCIAL SECURITY NUMBER or PERA ID NUMBER**

**FIRST NAME** **MI** **LAST NAME**

**MAILING ADDRESS** **HOME or CELL TELEPHONE NO.**

BUSINESS TELEPHONE NO.

**CITY** **STATE** **ZIP** **GENDER**  MALE  FEMALE

**DATE OF BIRTH** CITY OF BIRTH STATE OF BIRTH

**CURRENT MARITAL STATUS (Check One)**  NEVER BEEN MARRIED  MARRIED  DIVORCED  WIDOWED

**HAVE YOU EVER BEEN A PERA MEMBER?**  YES  NO EMAIL ADDRESS

**ARE YOU OR HAVE YOU EVER BEEN A MEMBER OF ERA?**  YES  NO

**ARE YOU CURRENTLY RECEIVING A PENSION FROM ERA?**  YES  NO

If YES, complete an *Employee Exclusion From PERA Membership Form*.

### FAMILY INFORMATION

Please use additional *Applications for PERA Membership Form(s)* if the space on the family information section is not sufficient.  
**Note**, however, the designation of a survivor or refund beneficiary is on separate forms.

SPOUSE'S NAME SSN DATE OF BIRTH (mm/dd/ccyy)

CHILDREN'S NAME(S) SSN DATE OF BIRTH (mm/dd/ccyy)

### MEMBER CERTIFICATION

I hereby declare that all the above information is true and complete to the best of my knowledge.

**SIGNATURE OF MEMBER** **DATE**

Remember to send corrections to PERA if any of the above information changes. All your PERA records are maintained by using your social security number and PERA ID number. Annual member statements and PERA election ballots are mailed to the most recent address PERA has on file for you. It is your responsibility to keep your information current.

### TO BE COMPLETED BY EMPLOYER

Please copy the completed application for your employer file and for the employee. Mail this original form with the Refund and Survivor Beneficiary Designation Form(s) to PERA immediately upon completion.

**NAME OF EMPLOYER** **PERA EMPLOYER CODE**

**SALARIED EMPLOYEES ONLY \$** **ALL OTHER EMPLOYEES, HOURLY RATE \$**

**DATE EMPLOYED (mm/dd/ccyy)** **PART-TIME (20 but less than 30 hours per week)**  YES  NO

**CURRENT POSITION** **RETIREMENT PLAN**

### EMPLOYER CERTIFICATION

I certify that the above employee is employed by this PERA affiliate as of the above date.

**AUTHORIZED SIGNATURE** **DATE (mm/dd/ccyy)**

**TITLE** **BUSINESS TELEPHONE NO.**