



**CITY OF BATTLE CREEK
POLICE AND FIRE RETIREMENT SYSTEM
MEMBERSHIP FORM**



Status: New Member _____

Member Change _____

Name _____

Department _____

Employee Number _____

Complete Address _____

Date of Hire _____

Telephone _____

Gender (circle one): M F

Date of Birth _____

Evidence Submitted (Birth Certificate/License) _____

Social Security Number _____

Name of Spouse (if any) _____

Date of Birth _____

Social Security Number _____

Date of Marriage _____

Have you worked for another unit of government in the State of Michigan? (circle one): Y N
(If yes, please submit the completed **Other Governmental Service Credit Form**)

I understand that my rights in and to retirement benefits shall be determined by and limited to the rights set forth in the City of Battle Creek Police and Fire Retirement System, as amended by collective bargaining agreement, if applicable.

I declare the above statements to be true and to the best of my knowledge and belief.

Employee Signature _____

Date _____

FOR RETIREMENT SYSTEM USE ONLY

Date Received: _____

By: _____