



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 or 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 or 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: _____