



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO
PUBLIC EMPLOYEES RETIREMENT BOARD
 P.O. Box 2123, Santa Fe, New Mexico 87504-2123
 (505) 476-9401 fax (505) 476-9300 voice (800) 342-3422 toll free in NM
www.pera.state.nm.us

APPLICATION FOR PERA MEMBERSHIP

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

MEMBER INFORMATION					
SOCIAL SECURITY NUMBER or PERA ID NUMBER					
FIRST NAME		MI	LAST NAME		
ADDRESS TYPE	PERMANENT	TEMPORARY	MAILING	HOME TELEPHONE NO.	
STREET ADDRESS				WORK 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 BEEN A MEMBER OF ERA? YES NO					
ARE YOU CURRENTLY RECEIVING A PENSION FROM ERA? YES NO If YES, complete an <i>Employee Exclusion From PERA Membership Form</i> .					
FAMILY INFORMATION					
Please use additional <i>Applications for PERA Membership Form(s)</i> 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			EMPLOYER CODE		
SALARIED EMPLOYEES ONLY \$		ALL OTHER EMPLOYEES, HOURLY RATE \$			
DATE EMPLOYED (mm/dd/ccyy)					
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.		