



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



Status: New Member \_\_\_\_\_ Member Change \_\_\_\_\_

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Name \_\_\_\_\_ Dept \_\_\_\_\_ Employee # \_\_\_\_\_

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Complete Address \_\_\_\_\_

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Date of Hire \_\_\_\_\_ Telephone \_\_\_\_\_ Gender (circle one): M or F

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Birth (DOB) \_\_\_\_\_ Evidence Submitted (Birth Certificate, other) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of

Name of Spouse (if any): \_\_\_\_\_

Spouse's SS#: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_ DOB \_\_\_\_\_

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 \_\_\_\_\_

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**FOR RETIREMENT SYSTEM USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Date Confirmation Mailed: \_\_\_\_\_