



San Joaquin County Employees' Retirement Association

6 S. EL DORADO ST, STE 400 STOCKTON, CA 95202-2804 TEL: (209) 468-2163 •contactus@sjcera.org

MEMBER ENROLLMENT

Please type or print in ink. Please verify any information that is pre-printed and make corrections, if necessary.

MEMBER	First Name		Middle Name		Last Name	
	Mailing Address				CAPS (Employee) ID Number	
	City		State	Zip Code		Date of Birth
	Home Telephone Number		Work Telephone Number		Social Security Number	
	E-Mail Address				<input type="radio"/> Female <input type="radio"/> Male	<input type="radio"/> Single <input type="radio"/> Married
EMPLOYMENT	Job Class Title				Start Date	
	Department				Department No.	
	Have you previously worked for a local or state government agency in California? <input type="radio"/> Yes <input type="radio"/> No If "YES", please list employer(s) and the dates worked below:					
	Employer Name			From	To	
PROOF OF AGE	Please attach a certified copy of your birth certificate or present it in person at SJCERA. Your copy will be returned to you. If you do not have a birth certificate or are unable to obtain one, you may submit other approved document(s) as specified in the Retirement Plan Information Booklet. Please contact SJCERA if you have any questions.					
SIGNATURE	The undersigned hereby swears or affirms that the foregoing statements are true and correct to the best of his or her knowledge.					
	PLEASE SIGN AND DATE THIS FORM AND RETURN TO SJCERA.					
	Signature				Date	

Non-Member Spouse (DRO)

SJCERA USE ONLY