

APPLICATION FOR MEMBERSHIP
SHERIFFS' RETIREMENT FUND OF GEORGIA
1000 SHERIFFS WAY
MADISON, GEORGIA 30650

Full Name _____
(First)
(Middle)
(Last)
(Social Security No)

Home Address _____
(Street)
(City)
(Zip)
(Home phone)

Date of Birth _____ Personal email address _____
 (verify by a valid copy of your birth certificate) Cell Phone: _____

Business Address _____
(Street)
(County)
(City)
(Zip)
(Business phone)

List all service for which you seek credit:

Employed by	Beginning Date	Ending Date	Position Held

NOTE: Credit may be claimed for a maximum of four years service as a full-time peace officer, other than Sheriff, and a maximum of four years service in the United States Armed Forces. This service will be creditable only after an applicant has served a minimum of eight years as Sheriff, after December 31, 1960.

I understand that if I fail to pay monthly dues as prescribed by law, my membership will become inactive or dormant and I will be required to pay interest on the amount due at the time I reinstate. This is in accordance with Rules and Regulations adopted by the Board of this retirement system and applicable laws.

Date of Birth _____

Spouse's Name: _____ Social Security No. _____

I understand that in the event of my death, my surviving spouse shall be the first beneficiary of any death benefits. If there is no surviving spouse, the following will serve as the secondary beneficiary:

Name: _____ Relation: _____ Social Security No. _____
 Address: _____

In the event neither my spouse nor the above named beneficiary is living at that time, the benefits payable will be paid to my estate.

I do hereby certify that the information furnished above is true and accurate to the best of my knowledge.

DATE: _____ SIGNATURE: _____

Sworn to and subscribed and before me this _____ day of _____, _____.

 Notary Public