



Application for Membership as an Elected or Appointed Official

Elected or appointed officials use this application to make their retirement plan membership decisions.

Send completed form to:
Department of Retirement Systems
PO Box 48380 • Olympia, WA 98504-8380
www.drs.wa.gov • 800.547.6657
360.664.7000 • TTY: 711

Important Information

Use this application to join, opt out of, or defer your retirement plan membership. If you join, your membership will be effective from the first day of your current term or appointment. Prior elected service may be purchased by contacting the Department of Retirement Systems.

Personal Information

Name (Last, First, Middle)		Social Security Number	
Mailing Address	City	State	ZIP
Phone Number	Alternate Phone Number	Email Address	

Current Position

Position Title	Employer	Beginning of Current Term or Appointment
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Prior Elected or Appointed Positions

Position Title	Employer (If Different)	Dates of Prior Term (mm/dd/yyyy)
Position Title	Employer (If Different)	Dates of Prior Term (mm/dd/yyyy)

Signature Required

Select One	
<input type="checkbox"/> Join: I choose to join membership with the Department of Retirement Systems in an Elected or Appointed position. I understand my participation in the plan will continue until I separate from service.	
<input type="checkbox"/> Opt out: I choose to opt out of membership with the Department of Retirement Systems in an Elected or Appointed position.	
<input type="checkbox"/> Defer: I defer my choice regarding membership until a later date. If I choose to join at a later date, I will submit a new application to DRS.	
Signature	Date (mm/dd/yyyy)

**Send completed form to DRS at the address above.
Be sure to also submit a copy to your employer.**

Your Social Security number is needed so DRS can report to the IRS any funds paid to you. DRS will not disclose your Social Security number unless required to do so by law. See IRC sections 6041(a) and 6109.

