NMAER MEMBERSHIP APPLICATION FORM

MEMBER INFORMATION (Please Print)

Name: _____
Last **First** **Middle Initial**

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (_____) ____ - _____ **E-Mail Address:** _____

Please check one Option below:

☐ **Payment Option #1 – Annual Check**
Complete the Member Information above.
Enclose a check or money order for $30.00 made payable to NMAER.
Return this entire form with your payment.

☐ **Payment Option #2 – Automatic Deduction**
Complete the Member Information above.
Please deduct my $30.00 annual dues payment from my monthly retirement pension check at the rate of $2.50 per month. This will continue monthly until I notify NMAER in writing to cancel this deduction.

_____ _____ _____
Member Signature* Date* Social Security Number*

*This is required in order to select this option.

☐ **Payment Option #3 – Annual Associate Membership** (***This option is for current employees only***)
Complete the Member Information above.
Enclose a check for $5.00 made payable to NMAER.
Return this entire form and payment.