

# NMAER MEMBERSHIP APPLICATION FORM

3900 Juan Tabo Blvd., NE #7  
Albuquerque, NM 87111  
505-275-6427

## 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 to NMAER at above address.

**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.

Return this entire form to NMAER at the above address.

**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 to NMAER at the above address.