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12202

Oregon State Bar Membership Election

Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	Social Security number*	PERS number (optional)

Section B: Membership Election

I elect to be an “employee” as defined in ORS Chapter 238 or an “eligible employee” as defined in ORS Chapter 238A, as applicable, for the purpose of participating in the Public Employees’ Retirement System.

This election is effective on the date received by PERS.



 Employee signature (do not print)

 Date

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll-free 888-320-7377, or TTY 503-603-7766.