



**OPTIONAL MEMBERSHIP ELIGIBILITY QUESTIONNAIRE**

FOR RETIREMENT  
USE ONLY

(REV. 8/19)

**IMPORTANT:** Print in ink or type.

**Instructions:** Please provide the following information to assist in a determination regarding whether this position satisfies the legal criteria for optional membership as an elected or appointed official.

Agency/Governmental Unit: \_\_\_\_\_

Position Title: \_\_\_\_\_

1. Is the position created by law? Yes \_\_\_ No \_\_\_

If yes, provide the citation to the supporting legal authority and attach a copy:

2. Is the position elected or appointed for a fixed term? Yes \_\_\_ No \_\_\_

Note: If the position *serves at the pleasure* of another elected or appointed official, the answer to this question is "No." If yes, indicate the length of term and provide the citation to the supporting legal authority and attach a copy:

3. Does the position call for the exercise, ***in its own right***, of some portion of the sovereign power of government?

Yes \_\_\_ No \_\_\_ If yes, indicate what power(s) and provide the citation to the supporting legal authority and attach a copy:

4. Are the duties of the position continuing in nature and not occasional? Yes \_\_\_ No \_\_\_

Describe duties and attach job description:

5. Does the position perform an important public duty? (If yes, describe.) Yes \_\_\_ No \_\_\_

6. Is the position one of dignity and importance? (If yes, describe.) Yes \_\_\_ No \_\_\_

7. Does the position require the posting of a bond? Yes \_\_\_ No \_\_\_

Amount:

8. Does the position require an oath? Yes \_\_\_ No \_\_\_

If yes, provide the citation to the supporting legal authority and attach a copy of oath:

I certify this information to be complete and correct.

Employer's Certification: \_\_\_\_\_  
(Signature) (Date)

Print name and position: \_\_\_\_\_