# Employees Retirement System of Rhode Island 40 Fountain Street, Providence, Rhode Island 02903-1854

System Code

Telephone: (401) 277-2203 / Fax: (401) 277-2430

Section A: You must complete and sign.

### MEMBERSHIP APPLICATION

Name	Social Security Number	
Patricia A. Douglas		
Street Address	Date of Birth	Male Female
City, State, Zip Code	Telephone Number	<u> </u>
Westerly, RI 02891	Telepiton	
Marital Status Single Married Divorced	Employer Town of W	resterly
Employee Status: Please check all that apply.	·	
STATE EMPLOYEE	CORRECTIONAL OFFICER	
PUBLIC SCHOOL TEACHER	POLICE AND FIRE	
MUNICIPAL EMPLOYEE	OTHER	
X CITY COUNCIL		
Past Membership History		
Employing Authority	From / To	Refund Taken
Westerly Town Councilor	See attached affidavit from	yes 🔲 no 🗀
, 	Town Clerk	yes 🗀 no 🗀
		yes 🗆 no 🗆
Beneficiary Designation. Please read page two before designation	gnation.	
Name of Beneficiary /Estate	Date of Birth	Sex M
Address	Relationship	
Westerly, RI 02891  Relationship to Member 1		TO METIDE!
Member Statement and Signature		
I certify the above information to be true and correc	t and hereby accept ERS	RI membership.
Signature Sami a Deylos	Date 9-17-99	?
		entra esta de la composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos

#### Section B: To be completed by Personnel Officer.

Patricia A. Douglas	

ERSRI Membership Unit (State Agency, School District, Municipality) and your System Code No. (please enter here and on the reverse side of this form in the upper right hand box labeled System Code)

MUNICIPALITY

Annual Salary	Hours Per Week*
2,625.00	
Date of Hire	Deduction (6, 7, 8, 8.75,9, 9.5%
	,
	2,625.00

<sup>\*</sup> Member must be employed on a twenty (20) hour per week basis. Only elected city council members are exempted from this requirement. Do not enroll members who fail to meet this requirement. Teachers may be part of a job-share program and still be eligible for membership.

Statement and Signature by Personnel Officer

I certify that the above-named individual meets the stated requirements for membership in the Employees Retirement System of Rhode Island.

Signature John a Fusair n Date 9-17-99
Lacting Town Manager

/ejf revised 8/95



CHECK NO. 027992

57-1

TOWN OF WESTERLY Westerly, Rhode Island General Account

VENDOR CHECK DATE CHECK AMOUNT 13241-M 091799 \$2,160.00

PAY

TO THE ORDER

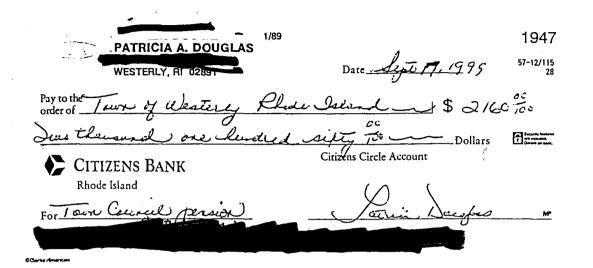
MUNICIPAL RETIREMENT

Melinda Boegle"

FOWN OF WESTERLY Westerly, R.I. 02891

027992

INVOICE DATE	INVOICE NUMBER	INVOICE DESCRIPTION	NET INVOICE AMOUNT	PO NO.
		01010205060	\$2,160.00	
•				
			,	
•				
		, '		
			1	1



Reim 0101 205860

TOWN OF MESTERLY

ACCOUNT# 02050600 99 TR# 13 PD 2,160.00

## Town of Westerly Rhode Island

DONNA L. GIORDANO, CMC/AAE Town and Probate Clerk



Town Hall 45 Broad Street Westerly, RI 02891 TEL (401) 348-2506 FAX (401) 348-2571

September 9, 1999

#### TO WHOM IT MAY CONCERN:

I, Donna L. Giordano, CMC/AAE, Town Clerk of the Town of Westerly, County of Washington and State of Rhode Island, do hereby certify that PATRICIA A.

DOUGLAS is currently serving her seventh term as a member of the Westerly Town

Council for the following fourteen-year period:

1986-1988	(2 year term)	earned	\$2,500.00
1988-1990		"	2,500.00
1990-1992		"	2,500.00
1992-1994		, ai	2,625.00
1994-1996		"	2,625.00
1996-1998		٠.	2,625.00
1998-2000	66 66 66	"	2,625.00

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Town of Westerly this 9<sup>th</sup> day of September, A.D. 1999.

Donna L. Giordano, CMC/AAE, Town Clerk