



**West Virginia  
Consolidated Public Retirement Board (CPRB)**

601 57th Street SE, Suite 5  
Charleston, WV 25304  
304-558-3570 or 800-654-4406  
www.wvretirement.com

**Natural Resources  
Police Officers  
Retirement System (NRPORS)**

**Membership Enrollment**

All Division of Natural Resources Police Officers hired into covered employment after January 2, 2021 by the Division of Natural Resources must become participating members of NRPORS.

**Section 1: Employee Information**

|  |  |   |  |                         |  |
|--|--|---|--|-------------------------|--|
| Employee Full Name   |  | SSN   | Date of Birth  | Gender<br>Female Male   |  |
| Employee Mailing Address   |  | City  | State  | Zip Code                |  |
| Employee Email   |  | Home Telephone Number   |  | Mobile Telephone Number |  |
| Employer Name<br>Division of Natural Resources   | Employment Begin Date                              | Job Position  | Position Status<br>Full Time Part Time Temporary                                   |                         |  |
| Scheduled Hours Per Day  | Type of Rate of Pay<br>Daily Hourly Monthly Yearly | Rate of Pay<br>\$   | Have you previously been employed as a Natural Resources Police Officer?<br>Yes No |                         |  |
| Do you have previous Military Service? Yes No<br>If yes, submit a copy of your DD-214 to CPRB. |  | Are you currently retired under any of the State's Retirement Systems? Yes No<br>If yes, please list the retirement system: _____ |  |                         |  |

**Section 2: Dependent Information: (If more space is needed for dependent listings, attach a sheet of paper with information)**

|             |     |               |
|-------------|-----|---------------|
| Spouse Name | SSN | Date of Birth |
| Child Name  | SSN | Date of Birth |
| Child Name  | SSN | Date of Birth |
| Child Name  | SSN | Date of Birth |
| Child Name  | SSN | Date of Birth |
| Child Name  | SSN | Date of Birth |
| Child Name  | SSN | Date of Birth |

**Section 3: Acknowledgment and Signature**

I understand that 9.5% of my gross salary will be deducted tax deferred each pay period and these funds will be forwarded to the CPRB and contributed to NRPORS on my behalf.

|                    |      |
|--------------------|------|
| Employee Signature | Date |
|--------------------|------|

**Section 4: CPRB Internal Use Only**

Pre-Retirement Beneficiary form received? Yes No

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_