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MEMBER ENROLLMENT FOR VOLUNTEER FIREFIGHTERS FORM

Instructions: Please print or type in dark Ink. The original of this form must be completed in its entirety and returned to PERA for processing. Required fields are in **BOLD ITALICS**

MEMBER INFORMATION				PLEASE PRINT CLEARLY	
SOCIAL SECURITY NUMBER OR PERA ID NUMBER					
FIRST NAME		MI	LAST NAME		
Previous First Name			Previous Last Name		
MAILING ADDRESS				HOME or CELL TELEPHONE NO.	
				BUSINESS TELEPHONE NO.	
CITY	STATE	ZIP	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
DATE OF BIRTH	CITY OF BIRTH		STATE OF BIRTH		
HAVE YOU EVER BEEN A PERA MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO				EMAIL ADDRESS	
MARITAL INFORMATION					
CURRENT MARITAL STATUS (Check One) <input type="checkbox"/> NEVER BEEN MARRIED <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED					
SPOUSE'S NAME		SSN		DATE OF BIRTH (mm/dd/CCYY)	
MEMBER CERTIFICATION					
I hereby declare that all the above information is true and complete to the best of my knowledge.					
SIGNATURE OF VOLUNTEER FIREFIGHTER				DATE	
VOLUNTEER FIREFIGHTER DEPARTMENT CERTIFICATION					
MUST BE COMPLETED BY THE FIRE CHIEF					
Please copy the completed application for the district's file and for the volunteer. Return the original form to PERA immediately upon completion.					
NAME OF VOLUNTEER FIREFIGHTER DEPARTMENT					
PERA FIREFIGHTER DEPARTMENT NUMBER				START DATE	
I certify that the above-named individual is a volunteer of this department as of the above date.					
SIGNATURE OF CHIEF				DATE OF SIGNATURE (MM/DD/CCYY)	
EMAIL ADDRESS				BUSINESS OR CELL TELEPHONE NUMBER	