

Member Enrollment for Volunteer Firefighters

Instructions: Please print or type in dark ink. This form must be completed in its entirety and returned to PERA along with the appropriate Qualification Record form(s) by March 31, 2024 via regular mail, fax, or e-mail to pera-memberservices@state.nm.us for processing. Strikethroughs and correction fluid/tape are not permitted. Please keep copies for your VFD's records.

Section 1 Information About t	he Volunteer Firefighter (VF)	
Social Security Number or PERA ID	Name (First, Middle Initial, Last)	
Phone Number	Would you like direct correspondence	by E-mail? If so, include E-mail Address
Mailing Address	City	State Zip Code
Date of Birth City of Birth	State of Bir	th
Marital Status: Never Married	Aarried Widowed	Divorced
Section 2 Information About the VF Member's Spouse* *To be completed by a married VF member.		
Spouse's Name	Spouse's SSN	Spouse's Date of Birth
Section 3 VF Member Certification		
I hereby declare that all the above information is true and compl	lete to the best of my knowledge. It is my responsib	ility to keep my information current with PERA.
Signature of VF Member		Date
Section 4 VFD Fire Chief Certifi	ication* *⊤	o be completed by the VFD Fire Chief.
Please copy the completed application for your VFD file and for t Name of Volunteer Fire Department (VFD)	he VF member. PERA VFD Number	Start Date (mm/dd/ccyy)
VFD Email Address	VFD Phone Number	
VFD Chief's Printed Name		
I certify that the above-named individual is a Volunteer Firefight Signature of VFD Chief	ter of the VFD as of the date listed above.	Date