



PERA

Public Employees
Retirement Association
of New Mexico

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MEMBER ENROLLMENT FOR VOLUNTEER FIREFIGHTERS FORM

Instructions: The original of this form must be completed in its entirety and returned to PERA for processing.

Required fields are in ***BOLD ITALICS***. Please print clearly.

MEMBER INFORMATION			
<i>SOCIAL SECURITY NUMBER</i>			
<i>FIRST NAME</i>	<i>MI</i>	<i>LAST NAME</i>	
<i>Previous First Name</i>		<i>Previous Last Name</i>	
<i>MAILING ADDRESS</i>		<i>HOME or CELL TELEPHONE NO.</i>	
		BUSINESS TELEPHONE NO.	
<i>CITY</i>	<i>STATE</i>	<i>ZIP</i>	<i>GENDER</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<i>DATE OF BIRTH</i>	CITY OF BIRTH		STATE OF BIRTH
<i>HAVE YOU EVER BEEN A PERA MEMBER?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			<i>EMAIL ADDRESS</i>
MARITAL INFORMATION			
<i>CURRENT MARITAL STATUS (Check One)</i> <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.			
<i>SIGNATURE OF VOLUNTEER FIREFIGHTER</i>			<i>DATE</i>
VOLUNTEER FIREFIGHTER DEPARTMENT CERTIFICATION MUST BE COMPLETED BY THE FIRE CHIEF			
Please copy the completed application for the department's file and for the Volunteer Firefighter. Return the original form to PERA immediately upon completion with a copy of the Volunteer Firefighter's social security card and driver's license.			
<i>NAME OF VOLUNTEER FIREFIGHTER DEPARTMENT</i>			
<i>PERA VFD NUMBER</i> 09 _____		<i>START DATE</i> (mm/dd/ccyy)	
I certify that the above-named individual is a Volunteer Firefighter of this department as of the above date.			
<i>SIGNATURE OF FIRE CHIEF or DESIGNEE</i>		<i>DATE OF SIGNATURE</i> (mm/dd/ccyy)	
<i>EMAIL ADDRESS</i>		<i>BUSINESS or CELL TELEPHONE NO.</i>	