

2018 Volunteer Firefighters Annual Reporting Form

SECTION A – VOLUNTEER FIREFIGHTER DEPARTMENT – GENERAL INFORMATION

1. Department Name: _____
2. Department Mailing Address: _____
City, State: _____ Zip Code: _____
3. PERA VFD Number (5 digit number): _____
4. Fire Chief: _____ Email Address: _____
5. Phone (work): (_____) _____ (home): (_____) _____

SECTION B – DEPARTMENT TOTALS

1.	New Member Enrollments reported this year:	
2.	Current Active (Non-Retired) Members reported this year:	
3.	Retired Members with Continuing Service reported this year:	
4.	Total number of Volunteer Firefighters reported this year:	

SECTION C - CERTIFICATION

I, _____, Fire Chief of _____ Volunteer Firefighter Department, affirm that the records submitted to PERA are true and correct and reflect 100% of my Department's 2018 roster.

Signature of Fire Chief

Date

Municipal Mayor or Chair of County Commission

Date

State of New Mexico)
) SS:
County of _____)

Subscribed and sworn to before me by _____ on this the _____ day of _____, _____.
(Printed name of Fire Chief)

My Commission Expires _____ Notary Public Telephone No: _____-_____-_____

Notary Signature _____

Return this form on or before March 31 of each calendar year to the Public Employees Retirement Association. Keep a copy for your department's records. Strikethroughs and white-out edits are not permitted.