



PERA

Public Employees
Retirement Association
of New Mexico

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Santa Fe, New Mexico 87507
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(800) 342-3422 Toll-Free
www.nmpera.org

MEMBER ENROLLMENT FOR VOLUNTEER FIREFIGHTERS

Instructions: This form must be completed in its entirety and returned to PERA for processing along with a copy of the Volunteer Firefighter's (VF) social security card and driver's license. Please make a copy for the Volunteer Fire Department's (VFD) file and for the VFD member. Please print clearly. Required fields are in ***BOLD ITALICS***.

VFD 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)	
VFD MEMBER CERTIFICATION					
I hereby declare that all the above information is true and complete to the best of my knowledge.					
<i>SIGNATURE OF VFD MEMBER</i>				<i>DATE</i>	
VFD FIRE CHIEF CERTIFICATION					
<i>NAME OF VFD</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 VFD as of the above date.					
<i>SIGNATURE OF VFD FIRE CHIEF</i>			<i>DATE OF SIGNATURE</i> (mm/dd/ccyy)		
<i>EMAIL ADDRESS</i>			<i>BUSINESS or CELL TELEPHONE NO.</i>		