



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION OF NEW MEXICO

PUBLIC EMPLOYEES RETIREMENT BOARD

P.O. Box 2123, Santa Fe, New Mexico 87504-2123

(505) 827-4670 fax (505) 827-4700 voice

www.pera.state.nm.us

MEMBER ENROLLMENT FOR VOLUNTEER FIREFIGHTERS

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

SECTION A - MEMBER INFORMATION PLEASE PRINT CLEARLY

<i>SOCIAL SECURITY NUMBER</i>			
<i>FIRST NAME</i>	<i>MI</i>	<i>LAST NAME</i>	
Previous Last Name		Previous First Name	
<i>ADDRESS TYPE</i>	<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> MAILING	<i>HOME TELEPHONE NO.</i>	
<i>ADDRESS</i>		<i>BUSINESS TELEPHONE NO.</i>	
<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>	<i>CITY OF BIRTH</i>		<i>STATE OF BIRTH</i>
<i>HAVE YOU EVER BEEN A PERA MEMBER?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>EMAIL ADDRESS</i>	
<i>ARE YOU OR HAVE YOU BEEN A MEMBER OF ANY OTHER NEW MEXICO RETIREMENT PLAN?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE CHECK WHICH PLAN(S): <input type="checkbox"/> JUDICIAL <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> VOLUNTEER FIREFIGHTER <input type="checkbox"/> LEGISLATIVE			
<i>ARE YOU RECEIVING A PENSION FROM ANY OF THESE PLANS?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO			

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
<i>SPOUSE'S NAME</i>	<i>SSN</i>	<i>DATE OF BIRTH (mm/dd/ccyy)</i>	

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>

**SECTION B - 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 only the original for to PERA immediately upon completion.

<i>NAME OF VOLUNTEER FIREFIGHTER DEPARTMENT</i>	
<i>PERA FIREFIGHTER DEPARTMENT NUMBER</i>	<i>START DATE</i>
I certify that the above-named individual is a volunteer of this department as of the above date.	
<i>SIGNATURE OF CHIEF</i>	<i>DATE OF SIGNATURE (mm/dd/ccyy)</i>
<i>TITLE</i>	<i>BUSINESS TELEPHONE NO.</i>