



MEMBER ENROLLMENT FOR VOLUNTEER FIREFIGHTERS

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

MEMBER INFORMATION						PLEASE PRINT CLEARLY							
<i>SOCIAL SECURITY NUMBER or PERA ID NUMBER</i>													
<i>FIRST NAME</i>				<i>MI</i>		<i>LAST NAME</i>							
<i>Previous First Name</i>						<i>Previous Last Name</i>							
<i>ADDRESS TYPE</i>		PERMANENT		TEMPORARY		MAILING		<i>HOME TELEPHONE NO.</i>					
<i>STREET ADDRESS</i>						BUSINESS TELEPHONE NO.							
<i>CITY</i>			<i>STATE</i>			<i>ZIP</i>			<i>GENDER</i>		MALE FEMALE		
<i>DATE OF BIRTH</i>			CITY OF BIRTH			STATE OF BIRTH							
<i>HAVE YOU EVER BEEN A PERA MEMBER?</i>						YES		NO		EMAIL ADDRESS			
MARITAL INFORMATION													
<i>CURRENT MARITAL STATUS (Check One)</i>													
NEVER BEEN MARRIED			MARRIED			DIVORCED			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 district's file and for the volunteer. Return the original form to PERA immediately upon completion.													
<i>NAME OF VOLUNTEER FIREFIGHTER DEPARTMENT</i>													
<i>PERA FIREFIGHTER DEPARTMENT NUMBER</i>						<i>START DATE</i> (mm/dd/ccyy)							
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</i> (mm/dd/ccyy)							
<i>EMAIL ADDRESS</i>						<i>BUSINESS TELEPHONE NO.</i>							