



Pecos Canyon Fire & Rescue

Membership Application

Name: _____
Last First Middle

Home Address: _____
Address City State Zip

Phone: _____
Home Cell Other

Emergency Contact: _____
Name Phone(s)

SS #: _____ DOB: _____ Email: _____

Driver's License # and State (Please provide copy): _____ Blood Type: _____

Have you been convicted of a DWI or DUI in the past 5 years? Yes No If yes, list dates and circumstances: _____

Have you previously been a member of PCF&R? Yes No If yes, list dates: _____

Do you have any physical conditions that prevent or limit your participation in rigorous physical activity?
 Yes No If yes, please explain: _____

Please list any EMS, fire or rescue experience and/or certifications (provide copies of certificates/cards): _____

List any certifications or training you would like to participate in: _____

By my signature below, I hereby certify, under the penalty of perjury, the information I have provided on this Membership Application is true and correct to the best of my knowledge and belief:

Signature

Printed Name

Date

Please return this form to: Pecos Canyon Fire & Rescue, PO Box C-2, Terrero, NM 87573, 505-757-2591