



ASSOCIATION OF RETIRED POLICE OFFICERS  
of the District of Columbia, Inc.

APPLICATION FOR MEMBERSHIP

To the Officers and Members of the AORP:

I hereby apply for membership in the Association of Retired Police Officers of the District of Columbia, Inc. and if admitted, I promise to conform to the Constitution, Articles of Incorporation and By-Laws governing same.

**Please type or print clearly and use complete dates.**

**Mail Application to:** Association of Retired Police of D.C.

1320 G Street, S.E.

Washington, D.C. 20003 **Enclose \$25 with your application for annual dues.**

**Name:**

**Date of Application:**

**Date of Birth:**

**Place of Birth:**

**Social Security Number:**

- -

**Agency from which you retired:**

**Date of Appointment:**

**Date of Retirement:**

**Last Assignment before your retirement:**

**Rank:**

**TYPE OF RETIREMENT (circle one):**

**Voluntary**

**Disability**

**Other (please explain)**

**Your Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:**

**Cell:**

**Fax:**

**E-mail Address:**

**Name of Spouse:**

**Proposed by Brother or Sister:**

**Signature:**

**OFFICE USE ONLY**

(Use the Reverse of this form for any additional information you wish to provide.)