



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 Officers of D.C.
P.O. Box 700
Laurel, MD 20725

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:

E-mail Address:

Name of Spouse:

Signature:

Enclose \$25 with your application for annual dues.

PLEASE PROVIDE A COPY OF YOUR RETIREMENT IDENTIFICATION

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