ASSOCIATION OF RETIRED PHOENIX OFFICERS
25414 N. 42nd Drive
Phoenix, AZ 85083

Please Print:

Date: _____

Name: _____
(First MI Last)

Address: _____
Street City State Zip

E-Mail: _____

Contact Phone: _____ PPD Serial Number: _____

Date Retired: _____Normal_____ Medical _____ Spouse first name*:_____
(Check which one applies.)

***Note: If you are a surviving spouse, fill in above for retiree and include date of death below retirement date:**

There is a $10.00 initiation fee for all NEW members. Payment is required with this application. Please make your check or M.O. payable to ARPO. Do not mail cash.

Annual dues have been suspended for the years 2006-2007 for existing members.

Do you agree to release your address and phone number to other members? Yes _____ No _____

Do you agree to release your e-mail address to other members? Yes _____ No _____

Signature_____

Official ARPO Website link:
http://www.association-of-retired-phoenix-officers.org/
(ARPO Application Form – March 28, 2008)