



***ASSOCIATION OF RETIRED PHOENIX OFFICERS**

8975 W. Wescott Drive
Peoria, AZ 85382

(*Formerly Association of Retired Police Officers)

Use for Regular, Associate and honorary Memberships

Please Print:

Date: _____

*Name: _____
(First MI Last)

Address: _____
Street City State Zip

E-Mail: _____

Contact Phone: _____ PPD Serial Number: _____

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

For Associate Memberships: If applicable, date you left PPD prior to retirement: _____ Explain on the reverse side of this form why you left early and what you have been doing for a living since then.

* For Honorary Memberships: If you are a surviving spouse of a Regular sworn Phx PD ARPO member, fill in above for deceased retiree and include date of death below retirement date. Also include your name along with your deceased spouse's name.

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 send cash. Mail to the above address.

Annual dues have been suspended for the years 2006-2007-2008 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 – revised March 28, 2007) (Organization name changed June 2007)