



Alexandria Retired Police, Fire & Sheriff Association Membership Application

ARPFSA, P.O. Box 1632, Alexandria, VA 22313

Complete the below membership application information for the type of membership for which you are applying (Active, Associate, or Surviving Spouse). Then print, sign (page 2) and mail with a check for \$25.00 to cover your first year's dues to the above address. Upon receipt, your membership application will be voted on for acceptance at the next scheduled monthly meeting of the Association. If your application is accepted at the October, November or December meeting, dues will be applied to both the current and the following year. (Surviving Spouses do NOT pay dues.)

Personal Information:	Date: _____	
Last Name: _____	First Name: _____	Middle Initial: _____
Address: _____		City: _____
State: _____	ZIP: _____	Email: _____
Phone: _____	Phone: _____	
Date of Birth: _____	Gender: _____	Spouse Name: _____

<u>Application for Active Membership:</u> LIMITED TO THOSE HONORABLY RETIRED FROM the City of Alexandria, Virginia Police or Fire Department or Sheriff's Office.
Department Retired From: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Sheriff
Date Entered Service (mm-dd-yyyy) REQUIRED: _____
Date of Retirement (mm-dd-yyyy) REQUIRED: _____
Rank/Position at Retirement: _____

Application for Associate Membership: MUST BE CLOSELY ASSOCIATED WITH the City of Alexandria Virginia Police or Fire Department or Sheriff's Office.

Associate Members must be Recommended by an Active Member:

Associated with: Police Fire Sheriff

Where Employed: _____

Date of Retirement (if applicable): _____

Recommended by: (MUST BE AN ACTIVE MEMBER IN GOOD STANDING):

Application for Surviving Spouse Membership: SPOUSE MUST HAVE BEEN A MEMBER IN GOOD STANDING at the time of death.

Deceased Spouse Name: _____

If accepted for membership, I authorize the Alexandria Retired Police, Fire & Sheriff Association to publish my contact information (Name, Address, Phone & Email address) in the Association's Roster on the Association's website: ARPFSA.ORG. The Association's Roster is password protected and is available **only** to other Association members. In addition, I authorize the Association to include my email address in the Association's email notification mailing list with is used to notify members in a timely manner of important events or news. Members may unsubscribe from the email notification mailing list at any time. (Neither the Association Roster or Emailing list is **ever** released to any other source other that Association Members.)

Applicant's Signature: _____ **Date:** _____

Office Use Only:

Date Received: _____ Amount Received: _____ Check No.: _____

Entered: Database Roster Mailing List Birthday List