## **Application for Membership** *To the*

## "Tampa Fire and Police Retirees Association" TPD & TFD and surviving Spouse

Please Print or Type (Separate application for each member)

Vame: (Last – First -	– Middle Init	ial)	
• Date of Birth:			
	Day	Month	Year
Home Address:	Number o	& Street (Apt #	# or Lot #)
<ul><li>City, State &amp; Zip:-</li><li>Telephone number</li><li>E-Mail address:</li></ul>			Cell #
our retirement status [_	] Fire [] I	Police in Drop	[] Yes or [] No [] Spouse
ates of Service: From:(Surviving S	Spouse please	To:To:	es dates of service)
OTE for Retiree ONLY Name:			me and DOB below:
			60.00 made out to "TF&PRA" ail this application along with the
T.F.& P.R. P.O. Box 8 Tampa, FL	91269		
am a retiree or the survi			n the Tampa Fire and Police on."
(Signature and Dat	e)		
Please take time to visit	our website a	nt: <u>www.tampa</u>	retiree.com or facebook
	OFFIC	CIAL USE ON	LY
		ication Check . Initial of Offi	