

**Application for Membership**  
**“Tampa Fire and Police Retirees Association”**  
**Retiree and surviving Spouse**

Please Print or Type (*Separate application for each member*)

Name: \_\_\_\_\_  
(Last – First – Middle Initial)

- Date of Birth: Day                      Month                      Year
- Home Address: \_\_\_\_\_  
(Number and Street or Apt.# or Lot #)
- City, State & Zip: \_\_\_\_\_
- Telephone # \_\_\_\_\_
- E-Mail address: \_\_\_\_\_

Your status, Check one:  Retired Fire     Retired Police     surviving Spouse.

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_  
(*Surviving Spouse please use the Retirees dates of service*)

**NOTE** for Retiree ONLY please add your spouse’s name and DOB below:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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- Attach a check for \$60.00 made out to “TF&PRA” for first year’s dues.
  - Sign, Date and Mail this application along with the attached check to:

T.F.& P.R.A.  
P.O. Box 280222  
Tampa, FL 33682-0222

“I am a retiree or the surviving spouse of a retiree from the Tampa Fire and Police Pension and desire membership to the above association.”

X \_\_\_\_\_  
(Signature and Date)

- Please take time to visit our website at: [www.tamparetiree.com](http://www.tamparetiree.com)

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OFFICIAL USE ONLY

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- Retiree     Spouse
- Application check attached?
- Application entered into data base?    Initial of Officer of TF&PRA: \_\_\_\_\_