

POLICE RETIREES of WHITE PLAINS ASSOCIATION

P.O. Box 424

Jefferson Valley, New York 10535-0424

PROWPA2010@gmail.com

Membership Application

Member Information:

Name: _____

Address: _____

City: _____

State: _____ **Zip Code:** _____ - _____

E-Mail Address: _____

Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Date of Birth: (M) _____, (D) _____, (Year) _____

Status: Single (____), Married (____), Divorced (____), Separated (____) or Widow (er) (____)

Spouse's Name: _____

Department Information Required:

Date hired: (M) _____, (D) _____, (Year) _____

Date retired: (M) _____, (D) _____, (Year) _____

Number of Years of Service: _____.

Shield # and Rank at Retirement: _____,

Type of Retirement: Regular _____, Disability _____

Membership Type: Regular: _____, Associate _____, Honorary _____

Dues: Under 70: (\$30.00)

Between 70 and 79: (\$25.00)

80 plus: (FREE)

Associate membership: \$20.00

PLEASE MAKE CHECKS/Money Orders PAYABLE TO: PROWP Association

Dues can also be paid via a ZELLE payment to: PROWPA2010@gmail.com

ASSOCIATION USE ONLY

Dues Paid: (M), _____, (D) _____, Year (_____)

Amt.(\$ _____), Cash (_____), Check (_____, # _____). Other: _____

New: _____, **Renewal** _____, **Reinstatement** _____

Revised: May 1, 2024