



Seattle Police Relief Association



SEATTLE POLICE RELIEF ASSOCIATION MEMBERSHIP APPLICATION

Name: _____ Serial # _____

Home Street Address: _____ Apt # _____

City/State/Zip: _____

Home Phone #: _____ Cell # _____

Home Email Address: _____

SS # _____ DOB: _____

Marital Status: _____ Name of Spouse/D.P.: _____

Date Appointed to Department (Sworn date) _____

Employee # _____ Unit: _____

I am now an active member of the Seattle Police Department regularly appointed under Civil Service to the permanent position I now hold.

I represent that I fully understand and do hereby accept all of the provisions contained in the by-laws of this Association and/or the rules and regulations thereto appertaining and hereby agree that I will be bound by them as they now exist and/or as they may hereafter be modified, amended, enacted, repealed, or otherwise changed.

I further agree that the death benefit issued to me by above-named Association, and all terms, conditions, and provisions contained therein, shall be subject to the by-laws of the Association and its rules and regulations and any and all modifications, amendments and/or changes thereto that may from time to time be made, enacted or otherwise affected by said Association or its governing body or officers.

Date of Application: _____ Applicant Signature: _____

OR ...

I do not wish to become a member of the SPRA. I understand that my eligibility to become a member of the SPRA ceases on the ninety-first day of my becoming a sworn member of the Seattle Police Department.

Signed: _____ Date: _____