



AURORA POLICE RETIRED OFFICERS ASSOCIATION, INC.

APPLICATION FOR MEMBERSHIP

Membership type being applied for: ☐ Active ☐ Associate

Applicant Name: _____

If applying as a widow/er, your spouse's name: _____

Address: _____
(Street address, City, State, Zip)

Telephone Landline: _____ Mobile/text: _____

Email address (Please print clearly): _____

Your (or your spouse's) date of hire or service years at A.P.D. _____

APD Academy class number: _____ Date of separation _____

Type of separation: ☐ retired ☐ medical ☐ resigned other: _____

Current/previous rank/position: _____

Associate applicant: Other/previous/elsewhere service : _____

Pro-rated Dues Payment Schedule for NEW applicants, if you first join in:												
Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	
\$60	\$55	\$50	\$45	\$40	\$35	\$30	\$25	\$20	\$15	\$10	\$5	

Dues Paid \$ _____ Date paid: _____ ☐ Check other: _____

☐ Please check if paying through PayPal to **treasurer@aproa.net** (easy link at APROA.net)

PayPal dues were sent from email: ☐ same as above or: _____

Arrange any other payment method with the treasurer via email, at **treasurer@aproa.net**

scan and email this application to **secretary@aproa.net**, or mail printed application to:

APROA, P.O. Box 473421, Aurora, CO 80047-3421

(Please make check payable to APROA)

Office use only: Board member receiving application: _____ Dues verified: _____

Notes: _____