

Membership Application



Full Name _____
(LAST) (FIRST) (MI)

D.O.B. _____

Address _____

City: _____ State: _____ Zip: _____

Name of Agency that you retired from: _____

Date retired: _____ Years of service: _____ Rank: _____

Home Tel: _____

Cell phone: _____

eMail Address: _____

**Please answer all of the above questions*

Please include a copy of your retired identification card or an official letter stating you are receiving a retirement pension is required for membership. Other documents may also be considered in absence of the above.

Our monthly meetings are held on the first Wednesday of the every month Located at the Fraternal Order of Police Hall, 23300 Harper Avenue, Charlotte Harbor, Florida.

Refreshments are served at 6:30 P.M. Meetings start at 7:30 P.M.

Dues are \$30.00 and payable with this application. Please mail your completed application and check to:

Retired Law Enforcement Association of Southwest Florida
P.O. Box 494736
Port Charlotte, FL 33949-4736

For Internal Use Only:

Date received: _____

Date approved: _____