

## Fort Lauderdale Police & Firefighter Retirees Association, Inc.

Date \_\_\_\_\_

LAST NAME	FII	RST NAME	MI	
(Check here if you a	re the survivor of a	Police Officer _	or a Firefighter	_
Fire Dept	Retired, incl. Dro	pVested	Associate Member _	
	Retired, incl. Dro	pVested	Associate Member _	
Date of Retirement:				
Spouseor Signature	gnificant Other			
LAST NAME	<u>F</u> I	RST NAME	MI	
Address				
House # /Street/apt #	<del>E</del> Cir	ty	State	Zip Code
Phone Number (Hor	ne) Cell Num	ber (self)	Cell Number (Spous	e/Other)
Address 2 Approxi	mate Dates: from _	to	(If on a seasona	ıl schedule)
House # /Street/apt #	<del>t</del> Ci	ty	State	Zip Code
Phone Number (Hon	ne)	Cell Number (if different than above)		
EMAIL ADDRE				
AUT	THORIZATION	TO RELEA	SE INFORMATIO	<u>N</u>
Retirees Association to be shared with oth	, Inc., (FLPFRA) to ner retirees. FLPFR nal information of	post my contact A complies with active and retire	te Fort Lauderdale Polic information on the FLPI Florida State Statutes we and police officers and fariting.	FRA website hich prohib
Signature		Date		