

# American Police Veterans

## Applicant Information Form

Name: \_\_\_\_\_ User Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Rank: \_\_\_\_\_ Age at separation: \_\_\_\_\_  
Status:  Ordinary Retirement  Disability Retirement  
 Active  Active Disabled  
 Former Non-Retired

### CERTIFICATION

**Policevets members must include a photocopy of Dept. ID or proof of full time academy training.**

**Yearly Dues**  Law Enforcement Officers \$30/Year  Associate Member \$50.00/ Year  
 Financially unable to pay dues.

I, \_\_\_\_\_, certify that the information contained in this application is true. I have read, understand and agree to comply with the rules and regulations of the American Police Veterans. I fully understand that any violation of the bylaws and constitution could result in my suspension or ejection from the American Police Veterans.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to: "George Brown/American Police Veterans"

Mailing Address: American Police Veterans  
P.O. Box 2623  
Attleborough Falls, MA. 02763

(Optional) Name of alternative contact: \_\_\_\_\_  
Best means of contact: \_\_\_\_\_

(For American Police Veterans information only) **DOES NOT APPLY TO ASSOCAITE MEMBERS**  
Do not write below this line- Office Use Only

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Date of Membership: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Certified Law Enforcement Officer  APV Member # \_\_\_\_\_  
Membership: Approved  Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

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