

**BOARD OF TRUSTEES OF THE POLICE PENSION FUND
OF THE CITY OF DES PLAINES, ILLINOIS**

APPLICATION FOR MEMBERSHIP

I hereby make application to come under the terms and conditions of the Police Pension Fund of the City of Des Plaines, Illinois.

Name _____

Date of Birth _____ Place of Birth _____

Spouse's Name _____ Spouse's Date of Birth _____

Married on _____ Married at _____

List all minor children with their dates of birth.

_____ Born _____

_____ Born _____

_____ Born _____

_____ Born _____

I was first appointed as a full time police officer on _____, _____ and have continued to serve since that date. If service has been broken, I have listed all dates of departure and re-entry into Pension Fund on Form 7B. I will furnish certified copies of birth and marriage certificates if requested by the Board of Trustees.

Applicant

Received and filed by the Board of Trustees of the Police Pension Fund, Des Plaines, Illinois on (Date) _____, _____.

Secretary Board of Trustees
Police Pension Fund