

HONOLULU POLICE



RELIEF ASSOCIATION

**HPRA MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Current Employee:** Sworn (  ) Civilian (  )

Date of Appointment: \_\_\_\_\_ Current Rank/Position: \_\_\_\_\_

Division: \_\_\_\_\_

**Retired Employee:** Sworn (  ) Civilian (  )

Date of Appointment: \_\_\_\_\_ Last Rank/ Position: \_\_\_\_\_

Date of Retirement: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Do you currently have life insurance with the HPRA? Yes (  ) No (  )

If no, would you be interested in purchasing a policy? Yes (  ) No (  )

***The Honolulu Police Relief Association (HPRA) is committed to providing support to its members and to foster the spirit of `Ohana.***

**I give the Honolulu Police Relief Association permission to verify the information that I have provided and give my consent for the HPRA to send me information, etc. regarding my membership.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_