

ALABAMA PEACE OFFICERS' ANNUITY & BENEFIT FUND

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Post Office Box 2186 (514 South McDonough Street)
Montgomery, Alabama 36102-2186
www.apoabf.alabama.gov

APPLICATION FOR MEMBERSHIP

1. Full Name _____
(first) (middle) (last) (sex)

2. Home Address _____
(street) (town) (county) (zip)
Daytime Phone Number _____

3. Place of Birth _____ Date of Birth _____ SS# _____

NOTE: Your date of birth must be verified by a valid copy of your birth certificate or driver's license included with application.

4. Presently Employed by _____
(Name of State Department, County, or Municipality)

5. Date your present employment began _____ Job Title _____

6. By whom are you paid? _____ 7. How many hours per week do you normally work? _____

8. Name of Beneficiary in case of death _____

Date of birth _____ SS# _____ Relationship _____

Beneficiary Address _____

NOTE: If said beneficiary is a minor; by laws governing the Fund, you must furnish in writing the name, address and SS# of a legal guardian (other than yourself) who would act on the minor's behalf.

Legal Guardian	Address	SS#
_____	_____	_____

9. Do you have legal power and authority to make arrests? _____

10: Are you required to devote full working time to the duties of an arresting officer? _____

11. Do you serve civil process and/or other official papers? _____

12. What is your primary duty? _____
(General Law Enforcement, Guarding Prisoners, Jailor, etc)

FOR PRISON EMPLOYEES ONLY

13. Are you required by your employer to guard prisoners during all your working hours? _____

14. If you have other duties in addition to guarding prisoners, list these: _____

OATH: I do hereby certify that the information furnished is true and correct to the best of my knowledge.

Date: _____ Applicant's Signature _____

Subscribed and sworn before me this _____ Day of _____, 20_____

Notary Public Signature _____

EMPLOYER CERTIFICATION

This is to certify that _____ was employed on _____

with _____ as a full-time, duly sworn peace officer, possessing powers of arrest.
(State Department, County, or Municipality)

Date: _____ Signature by _____
(Sheriff, Chief of Police, Mayor, Executive Director, Commissioner) (Title)

NOTE: An affidavit or graduation certificate from Alabama Peace Officers' Standards & Training must be included with application.