

**MEMBERSHIP APPLICATION FORM**



**AKRON AREA POLICE  
 RETIREES AND WIDOWS  
 CHAPTER 25 DISTRICT 1**  
*Affiliated with Police & Fire Retirees  
 Of Ohio, Inc.*  
**ORGANIZED ON JULY 20, 1984**



**RETURN TO:**  
**Paula Marts**  
**2610 Ley Drive**  
**Akron, OH 44319**

<b>(Please Print)</b>	Date _____	<b>(Check One)</b>
NAME: _____		___ RETIREE
ADDRESS: _____		___ RETIREE & SPOUSE
CITY/STATE: _____		___ WIDOW
ZIP: _____	PHONE: (____) _____	___ ASSOCIATE
CELL PHONE (OPTIONAL): (____) _____		
DATE OF BIRTH: _____		E-MAIL ADDRESS: _____

**(RETIREE INFORMATION)**

NAME OF POLICE DEPARTMENT: _____	
DATE APPOINTED TO DEPARTMENT: _____	AMOUNT OF SERVICE: _____
DATE RETIRED FROM DEPARTMENT: _____	RANK WHEN RETIRED: _____

**(WIDOW INFORMATION)**

I am the Widow of \_\_\_\_\_ who  
 Retired on \_\_\_\_\_ and passed away  
 on \_\_\_\_\_

**(SPOUSE INFORMATION)**

USE WHEN RETIREE SIGNS UP THEIR SPOUSE

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

**(ASSOCIATE INFORMATION)**

RETIRED FROM \_\_\_\_\_ DATE RETIRED \_\_\_\_\_  
 If not retired, employed by \_\_\_\_\_

**New Members ~ No Dues**

**For the First Year, 2026**

**MAKE CHECKS  
 PAYABLE TO:**

**AAPRW Chapter 25**

**2026 Dues for All or Any Part  
 of the Year**

**All Current Members-\$35.00  
 Each (Includes \$30.00 State Dues)**