

HONOLULU POLICE



RELIEF ASSOCIATION

MEMBERSHIP APPLICATION

Name: _____

Mailing Address _____

City _____ State _____ Zip Code _____

Contact: 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.

HPRA
1537 Young Street, Suite 200
Honolulu, Hawaii 96826

I give the Honolulu Police Relief Association permission to verify the information that I have provided

Signature: _____ Date: _____