

POLICE PENSIONERS' ASSOCIATION OF NIAGARA

c/o Niagara Region Police Association
1706 Merrittville Hwy, R. R.# 2
Welland, ON
L3B 5N5

NAME:

ADDRESS:

.....

.....

PHONE NUMBER:

E-MAIL ADDRESS:

I request to become a member of the Police Pensioners' Association of Niagara as an active member, or Association member as described in the Constitution.

SIGNATURE:

DATE:

DUES AMOUNT:

Dues are payable by cheque to PPAN and can be mailed c/o of the NRPA, address above or payment can be made by e-transfer, to email ppaniagara@gmail.com.

TO:

Niagara Region Police Association

I hereby consent to the use of my current address and telephone information as listed above, and any change of address/telephone information that you are provided within the future notwithstanding that I may no longer be a member of your Association at the time. I understand that this information will form part of a database of contact information maintained on all retirees and that it will be used for Association purposes only.

I also consent for the Niagara Regional Police Service to provide the N.R.P.A. with updated address and telephone numbers as requested by the N.R.P.A.

DATED: _____

Print Name

Signature