



KCMO Police Retired Employees Association

MEMBER'S NAME				DOB	
SPOUSE'S NAME				DOB	
ADDRESS					
CITY		STATE		ZIP CODE	
HOME PHONE			CELL PHONE		
EMAIL ADDRESS					
<input type="checkbox"/>	I do not have an email address				
<p>PRIMARY beneficiary will be paid unless you indicate otherwise. Form <u>MUST</u> be returned each year to maintain good standing membership.</p>					
Primary Beneficiary					
Address					
Secondary Beneficiary					
Address					
Secondary Beneficiary					
Address					
<p>Please fill out form, print and return it with membership fee to keep contact and Beneficiary information current. If you do not have access to a printer please fill out form and email to: kcpdretireesassn@gmail.com</p>					
Mail to:	KCMO Police Retired Employees Association P.O.Box 25292 Kansas City, MO 64119				