

**BOARD OF TRUSTEES OF THE
CHAMPAIGN POLICE PENSION FUND**

APPLICATION FOR MEMBERSHIP

I hereby make application to come under the terms and conditions of the Champaign Police Pension Fund of the City of Champaign, Illinois.

Name: _____

Maiden Name (If Applicable) _____

Address: _____ City/Zip _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____

Marital Status: Married _____ Divorced _____ Widowed _____ Single _____

If divorced, provide dated and place of divorce (i.e. City, County, State) _____

Spouse Name: _____

Spouse's Maiden Name (If Applicable) _____

*Spouse Date of Birth: _____ Place of Birth: _____

*Married on: _____

*LIST ALL MINOR CHILDREN (BORN OF OR ADOPTED BY APPLICANT) WITH THEIR DATES OF BIRTH (Use separate sheet for more)

Name: _____ Sex _____ Date of Birth: _____

Name: _____ Sex _____ Date of Birth: _____

Name: _____ Sex _____ Date of Birth: _____

Name: _____ Sex _____ Date of Birth: _____

Name: _____ Sex _____ Date of Birth: _____

Please include applicant's legal parent's full names and indicate if living or deceased:

Father _____ ☐ Living ☐ Deceased

Mother _____ ☐ Living ☐ Deceased

My first day of employment (first payroll date) as a full time police officer is _____, although I was sworn in as a police officer on _____ and have continued to serve since that date. If service has been broken, list all dates in which you were not in receipt of salary and the date of re-entry (i.e. suspension(s), leave of absence(s), military service, disability, etc.) on a separate sheet.

Tier 1 ☐ or Tier 2 ☐ If Tier 1, please list your prior employer: _____

*Certified copies of birth certificates (yourself, spouse, and children), marriage certificate, and copy of dissolution of previous marriage, must be provided with this application.

The undersigned acknowledges that his/her Application for Membership is conditioned upon the completion of this Application and the attachment of any documents as may be required (i.e. birth certificates, marriage certificate, etc.).

CERTIFICATION OF APPLICANT

I hereby certify that the above statements are accurate to the best of my knowledge. I understand that any false statements shall be sufficient cause to terminate further consideration and/or impact my membership in the Fund.

Applicant

The foregoing Application, having been duly presented and considered is hereby:

_____ Approved for membership into the Champaign Police Pension Fund and duly recorded in the Board Minutes on _____, 20____.

_____ Rejected for membership into the Champaign Police Pension Fund and duly recorded in the Board Minutes on _____, 20____.

President/Board of Trustees of the Champaign Police Pension Fund

Secretary/Board of Trustees of the Champaign Police Pension Fund