

**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.

Printed Name: _____

Address: _____ City/Zip: _____

*Date of Birth: _____ Social Security Number: _____

Marital Status: Married* Divorced* Widowed Single

Spouse Name: _____ *Date of Birth: _____

*I have minor children, and/or dependent adult children Yes No

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.

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

***NOTE:** 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 submission 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