

# APPLICATION FOR MEMBERSHIP

LOS ANGELES POLICE RELIEF ASSOCIATION, Inc.

Policy No. ....

NAME (PLEASE PRINT)		SOC. SEC. NO.	DATE OF BIRTH
DATE APPOINTED TO DEPT.	MARITAL STATUS	NAME OF SPOUSE (FULL NAME)	

I am now an active member or employee of the Los Angeles Police Department, regularly appointed under Civil Service to the permanent position which I now occupy and am not now under suspension.

It is understood and agreed that the Board of Directors may, at its discretion, either accept or reject this application.

In the event that I misrepresent any material fact in this or any subsequent application as may be determined by the Board of Directors, I hereby agree that said Board of Directors, at its discretion may invalidate my application and my membership and benefit certificate which may have been issued to me and void any membership in said Association, and I hereby, for myself and for any and all beneficiaries which I may name, or any other person who may claim under or through me, waive any and all rights for benefits or for refund of dues or fees paid, either to myself or to any other person under the provisions of the Constitution and By-Laws of this Association and hereby hold the said Association free from all obligations thereunder.

**FIRST BENEFICIARY:** In the event of my death, I hereby name:

NAME (FULL NAME)	RELATIONSHIP
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**ALTERNATIVE BENEFICIARY: PROVIDED THAT:** In case said First Beneficiary predeceases me, then and in such case any death benefits which may be due or payable under said death benefit certificate shall be paid to:

NAME (FULL NAME)	RELATIONSHIP
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In case that I name more than one person in a group, either as First Beneficiary or any of the subsequent alternative beneficiaries, then unless I otherwise direct in writing, all persons surviving me who are named by me in the specific group entitled to the benefits provided for (or the survivor of them) shall participate equally in the amount to be paid under said death benefit certificate.

**PROVIDED FURTHER HOWEVER, THAT:** If as and when I shall, in accordance with the Constitution and By-Laws and/or rules and regulations of said Association, file, in the manner provided and prescribed, one or more Change of Beneficiary, then and in that event and subject to the Constitution and By-Laws and the terms and conditions of this application, the Beneficiary or Beneficiaries named and designated in the last such Change of Beneficiary shall supersede any and all Beneficiaries named in this application and/or any preceding Change of Beneficiary. Such change of Beneficiary shall become effective as provided in the Constitution and By-Laws of this Association.

I represent that I fully understand and do hereby accept all of the provisions contained in the Constitution and By-Laws of this Association and/or the rules and regulations thereto appertaining and hereby agree that I will be bound by them as they now exist and/or as they may be hereafter modified, amended, enacted, repealed, or otherwise changed. I further agree that the death benefit certificate issued to me by the above named Association, and all terms, conditions, and provisions therein contained, shall be subject to the Constitution and By-Laws of the Association and its rules and regulations and any and all modifications, amendments and/or changes thereto that may from time to time be made, enacted or otherwise affected by said Association or its governing body or officers.

DATE OF APPLICATION	SIGNATURE OF APPLICANT
DATE APPLICATION ACCEPTED	SECRETARY Jorge Villegas