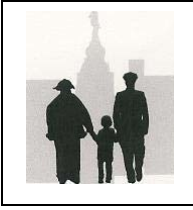


# PHILADELPHIA POLICE AND FIRE ASSOCIATION

For Handicapped Children



P.O. Box 52373  
Philadelphia, PA 19115  
267-773-5295

## MEMBERSHIP REGISTRATION

Family ( Last Name) \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Communication: Home Phone\_\_ Work Phone\_\_ Cell Phone\_\_ Email\_\_

### Affiliation

Active Police \_\_\_\_\_ Retired Police \_\_\_\_\_ Local # \_\_\_\_\_

Active Fire \_\_\_\_\_ Retired Fire \_\_\_\_\_ Local # \_\_\_\_\_

Other Union \_\_\_\_\_ Retired Union \_\_\_\_\_ Local # \_\_\_\_\_

Other City Affiliation \_\_\_\_\_ Other: \_\_\_\_\_

(Open Enrollment through 2011)

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Son/Daughter's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Son/Daughter's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Diagnosis \_\_\_\_\_

Supports Coordination Organization \_\_\_\_\_

Supports Coordinator's Name \_\_\_\_\_

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Name of School \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Name of Day Activity, Job or other: \_\_\_\_\_

*Thank you for taking the time to complete this membership form. Someone from our office will contact you shortly.*