

Police & Fire Retirees Club of The Villages

Member Information Sheet

Please Print

All Club Members must have a Villages ID

Date Joined Club: _____

Name: _____

Street Address: _____ Village: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ E-Mail: _____

Date of Birth: _____

Next of Kin: _____ Address & Phone # (if different): _____

Blood Type: _____ Height: _____ Weight: _____ Hair (if any): _____

Northern Address (if any): Street: _____ Phone: _____

City: _____ State: _____ Zip: _____ Dates away: _____

Dept Retired From: (*NAME* and Type, ie, ***PD, SP, FD, etc.***): _____

Date Retired: _____

City: _____ State: _____

Years of Service: _____ Rank: _____

Hobbies: _____

NOTE: Periodically inquiries are received about any members retired from certain agencies. Do you authorize the release of your name, rank and department only to others? Please indicate YES _____ or NO _____