

Welcome to the Alexandria Police Association;

Attached are the membership forms for joining the Alexandria Police Association (APA). Memberships are available for sworn and non-sworn staff of the Alexandria Police Department. As a member, you will have access to the APA hall located at 3010 Colvin St.

This location is owned by only its members with no outside influence. The hall is a secure access building where members can go on or off shift. Some amenities are bathrooms, cable TV, WiFi Internet, quiet rooms, couches, and a pool table. There is also a full working kitchen to prepare your food while working on shift. We also have one of the only 24-hour liquor licenses for the City of Alexandria. This license includes 5 working beer taps.

Some additional benefits are:

- Discounted hall rental - \$100 for 1st rental (\$450 for non-members) increases by \$25 for additional.
- Supplemental Insurance (AFLAC, Colonial, Assurity, and Metlife).
- Members Only parties throughout the year.
- Members Only events out in the community.

While we have this location for our enjoyment, the hall has no full-time cleaning staff. Therefore, we have to pay for a cleaning company to come in for thorough cleanings. We ask all members to treat the hall like it is your home and please clean up after yourself the way your mother used to make you. All members are required to be mindful of building and emptying the trash. Also, please keep an eye on those who are there. Members who damage, deface, or otherwise abuse the hall will be required to pay for damages as well as possibly lose their membership and benefits.

**These benefits are for Association Members only. Therefore, if someone has the ability to be a member but chooses not to, they are NOT welcome at the APA or events.

In closing, the APA is a place for all members and their friends and families to feel welcome. We want everyone to come, relax, and have a good time with their blue family members. If you have any questions, you can reach out to me or any of the board members. I look forward to working with you in the future.

Stay Dangerous,

CJ Gardiner
President

Alex Trapero- **Vice President**

Carolyn Dunn- **Secretary**

Ryan Klein- **Treasurer**

Patrick Lennon- **Sgt at Arms** Alex Gomez- **Beer Czar**

Tommy Evans, Wes Vitale, Mike Sprague- **Members at Large**



3010 Colvin Street, Alexandria, Virginia 22314
P.O. Box 1228,
Alexandria, Va 22313-1228

(Name)

(Social Security#)

(DOB)

(Address)

(City/ State)

(Zip)

(Title & Division)

(Phone Number)

(Personal Email)

(Date Hired)

(Serial)

I do hereby make application for **MEMBERSHIP in the Alexandria Police Association**, Inc. I further understand upon the approval of my application, I will acquaint myself with the By-Laws and regulations of the Alexandria Police Association, Inc. I understand that at any time I violate either of them, my membership to the Association shall be terminated, and shall suffer such other penalties as may be adjudged by the Board of Trustees.

I further understand that upon approval of my application that the dues are \$20.00 per month.

Application along with the payroll deduction form is to be filed together with the treasurer of the Alexandria Police Association, Inc. The application will be presented at the next regularly scheduled meeting for approval.

Signature of Applicant

Date

Application of membership to the Alexandria Police Association, Inc., was (), was not () approved at the regular meeting of the Alexandria Police Association, Inc.

Signature of President

Date



3010 Colvin Street, Alexandria, Virginia 22314
 P.o. Box 1228, Alexandria, Virginia 22313-1228
 (703) 823-6298

I, _____ certify that I am an active Member of the Alexandria Police Association. I hereby authorize the City of Alexandria to deduct from my earnings _____ per pay period, for 24 pay periods annually, to be deposited in the Alexandria Police Association for Dues Life Insurance, Cancer, Intensive Care, Hospital care, Accident, Life insurance, and Loan repayments.

 (Signature)

 Date

 (Date of Birth)

 (Social Security#)

Monthly Amount

Dues (Sworn-\$20, Civilian- \$13)----- (_____)

Aflac Insurance Company (Cancer) (_____)

(Intensive Care) (_____)

(Accident) (_____)

(Hospital) (_____)

(Disability) (_____)

(Life Insurance) (_____)

(Other) (_____)

(Total Aflac _____ (_____)

Colonial Insurance (Disability/ Other) _____ (_____)

MetLife Insurance _____ (_____)

Assurity Life Insurance _____ (_____)

Loan _____ (_____)

Total Monthly Payment to Association _____ (_____)

Please enter the proper amounts in the categories above. The figures are entered as monthly amounts and the total amount is then divided by two. The bimonthly amount is then placed at the top of the form. (If the total monthly payment amount listed below is an odd number, the amount in the top section (per pay period amount) should be rounded up to the next highest penny. Example: Total amount \$20.00, the bimonthly amount should be \$10.00.) Contact the treasurer for the proper figures. (If you do not know the correct amounts, leave the figures blank, date, and sign the form. The treasurer will fill in the correct amounts. Return this form to the treasurer after completion or submit with member application.