



Durham Regional Police Association Inc. New Member Information Sheet

Please complete and return to the DRPS Personnel Information Clerk to be forwarded to the *Durham Regional Police Association* as soon as possible. (Please print clearly)

Member – Personal Information

_____	_____	_____
Member's Last Name	Member's First Name	Member's Middle Name
_____	_____	_____
Street Address	City	Province Postal Code
_____	_____	_____
Home Phone	Cell Phone	Pager/Other
_____	_____	_____
Personal Email Address	SIN	Date of Birth <small>(mm/dd/year)</small>
<i>All DRPA communications will be sent to this email address which is required for election voting, surveys, contests and all other DRPA communications.</i>	_____	_____
		<input type="checkbox"/> Male <input type="checkbox"/> Female

UNIFORM New Hire

Rank: _____	Start Date: _____	Badge / Reg No: _____
_____	_____	_____
Division / Unit	Platoon	Position
_____	_____	_____
		Employee No: _____

CIVILIAN New Hire

Start Date: _____	Status - Circle one: Full-time Part-time	Badge / Reg No: _____
_____	_____	_____
Division / Unit	Position/Job Title	Employee No: _____

Dependent Information

_____	_____	<input type="checkbox"/> Male
Spouse's First Name	Spouse's Surname <small>(if different from member's surname)</small>	<input type="checkbox"/> Female
_____	_____	_____
Child's First Name	Child's Last Name <small>(if different from member's surname)</small>	<input type="checkbox"/> Male
_____	_____	<input type="checkbox"/> Female
Child's First Name	Child's Last Name <small>(if different from member's surname)</small>	<input type="checkbox"/> Male
_____	_____	<input type="checkbox"/> Female
Child's First Name	Child's Last Name <small>(if different from member's surname)</small>	<input type="checkbox"/> Male
_____	_____	<input type="checkbox"/> Female
Child's First Name	Child's Last Name <small>(if different from member's surname)</small>	<input type="checkbox"/> Male
_____	_____	<input type="checkbox"/> Female

NOTE: If you have additional children to be recorded, please include their information of the reverse side of this form.

I hereby authorize DRPS to provide any/all future updates to any of the above information to DRPA so that I am not excluded from receiving any/all pertinent work/association information.

Signature

Date

For Association Use Only: D/B PKG ENV/LIST EA

Rev 07/20/2024

