



OPD RETIREES' ASSOCIATION (& Alumni)



Name:

Nickname:

SPOUSE:

Mailing Address:

City:

State:

Zip:

Home Phone No:

Work No.

e-mail:

Date of Retirement:

Rank/Position upon retirement:

**MAY WE PROVIDE
YOUR NAME AND
ADDRESS TO OTHER
RETIREES?**

Yes:

No:

**** IMPORTANT - WE WOULD LOVE TO KNOW HOW YOU ARE SPENDING OR WILL SPEND YOUR RETIREMENT. PLEASE SHARE WITH US! (Hobbies, families, jobs, trips, anything of interest...etc.**

Any Suggestions or Comments:

SIGNATURE:

PLEASE RETURN FORM TO:

**Guy Ann Sheffield
2140 Cedar Point Cove
Southaven, Ms. 38671
(901) 604-5204 Cell
www.orlandopoliceretirees.com
opdra@earthlin.net**

Phone:

Website:

Password: e-mail me at

For Internal Use Only:

Date Received OPD _____

Entered in Master File _____

Made Address Label _____

Entered in e-mail File _____