

Application for Membership
PEACE OFFICER'S ANNUITY & BENEFIT FUND
OF GEORGIA
P.O. Box 56
Griffin, Georgia 30224
(770) 228-8461
Fax (770) 412-1236

<i>For POAB Use Only</i>			
Payment: ✓ #:	_____	MO	ACH
Amount of Payment:	\$ _____		
Breakdown of Payment:	_____		
Date of Enrollment:	_____		
Paid Through:	_____		
OPG #:	_____	PG	NPG ACH
Member #:	_____		

1. Full Name: _____
(FIRST) (MIDDLE) (LAST) _____ (SOCIAL SECURITY NUMBER)
2. Home Address: _____
(STREET) _____ (HOME PHONE)

(CITY) (GA) (ZIP) _____ (DATE OF BIRTH)
3. Presently Employed By: _____
(NAME OF STATE DEPT., COUNTY or MUNICIPALITY) _____ (BUSINESS PHONE)
4. Begin date of present employment: _____
_____ (JOB TITLE)
5. By whom are you paid? _____
6. How many hours per week do you normally work? _____
7. Have you been a member of the POAB Fund before? _____
8. Have you ever applied for membership before and not been accepted? _____
9. Name of Beneficiary in case of death: _____
Relationship: _____ Address: _____
(STREET) (CITY, STATE, ZIP)
10. Do you have legal power and authority to make arrests? _____
- Does your position require P.O.S.T. Certification? _____ Certification No: _____
11. Are you required to devote your full working time to the duties of an arresting officer? _____
12. Do you serve civil processes and/or other official papers? _____
13. What is your primary duty? _____
(GENERAL LAW ENFORCEMENT, GUARDING PRISONERS, JAILOR, PROBATION OFFICER, ETC.)
14. Are you required by your employer to guard prisoners during all your working hours? _____
15. If you have other duties in addition to guarding prisoners, list these: _____

16. Have you ever received a refund of dues paid to the POAB Fund? _____
If so, were you still employed as a peace officer at the time? _____

****List below all Peace Officer Employment positions held prior to the date of this application****

*****Other Side Of This Form Must Also Be Completed By All Applicants*****

