



Peace Officers Research Association of California

RAM/ LDF Retiree Firearms Coverage Application

Name: _____

Address: _____

City, State, & Zip Code: _____

Phone#: _____ E-Mail: _____

Date of Birth: _____ SSN.# _____

PORAC Retired Associate Member #: _____

Fees for RAM/LDF will be **\$48** per member per year. Your payment **MUST** be received with this application. Please provide PORAC with your method of payment for this amount.

Method of Payment: Check Enclosed payable to PORAC: _____
Check # Check Amt.

Credit Card: **VISA** or **MASTERCARD** only (circle one)

Card # _____

Exp. Date: _____ 3 digit security code: _____

Name as it appears on your credit card: _____

Signature: _____



Go to www.PORAC.org and click on **\$48 per year** for complete details.