



I understand this cellular phone service is a benefit provided to me as a member of the Arizona Police Association (APA). If my status as a member should change, I further understand I must forfeit this service and assume personal responsibility for my phone account within 14 days. Further, in the event my membership terminates, I will be responsible for any charges due and owing at that time.

I agree to guarantee prompt payment of my Verizon Wireless account by securing amounts due to be charged to my credit/debit card monthly; if my account were to go 60 days past due Verizon Wireless will suspend/cancel services and require full payment to resume services.

Printed/Signed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Affiliate Member

Agency/Department: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_  
 APA Representative

Current Cell Phone service provider: \_\_\_\_\_

If you answered "Verizon" to the above question:

Are you currently on a Verizon plan with APA?  Yes, Account # \_\_\_\_\_  No

Cell #'s you wish to move to PLEA/APA:

Line 1: \_\_\_\_\_  
 Line 2: \_\_\_\_\_  
 Line 3: \_\_\_\_\_  
 Line 4: \_\_\_\_\_  
 Line 5: \_\_\_\_\_

If not current VZ customer:	
Phone: _____	Storage: _____ Color: _____
Insurance: Y or N	
Phone: _____	Storage: _____ Color: _____
Insurance: Y or N	
Phone: _____	Storage: _____ Color: _____
Insurance: Y or N	
Phone: _____	Storage: _____ Color: _____
Insurance: Y or N	
Phone: _____	Storage: _____ Color: _____
Insurance: Y or N	

Name on Current Billing Statement: \_\_\_\_\_

Full Billing Address on Statement: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Acct#: \_\_\_\_\_

Current Cell Phone Plan: \_\_\_\_\_

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**NEW APA VERIZON ACCOUNT:**

Desired Phone Plan for New Acct: \_\_\_\_\_

FULL Billing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_