

The American Police Hall of Fame & Museum



Family Fund for Paralyzed & Disabled Officers A Nationwide Program of the National Association of Chiefs of Police



Purple Heart

Each day about 156 officers are injured in the line of duty. An award and certificate are available to any law enforcement officer who was injured in the line of duty and required at least one week of medical treatment. Many officers are never formally recognized for their injuries.



Submit this form and all documentation to:

NACOP

6350 Horizon Drive
Titusville, FL 32780

For more information contact us at:

Phone: (321) 264-0911

Fax: (321) 264-0033

Email: janetc@aphf.org

Website: nacoponline.org

ENROLLMENT FORM

In honor of law enforcement officers who have been paralyzed or disabled in the line of duty, the National Association of Chiefs of Police provides assistance to the officer and his/her immediate family. Based on eligibility we will provide college scholarships, Christmas and birthday gifts, medical reimbursements, and summer camp grants. There is also a quarterly newsletter and lifetime membership to the American Police Hall of Fame & Museum (APHF) provided at no cost.

ELIGIBILITY

Injured law enforcement officer must be considered totally and permanently disabled as determined in writing by an ATTENDING PHYSICIAN and DISABILITY RETIREMENT BOARD. Documentation of injury and disability must be accompanied with this application.

OFFICER INFORMATION (All information will remain confidential)

Full Name _____

Rank _____

Home address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Email address _____

Date of Birth _____ Date of Injury _____

Brief statement of incident and cause of injury

Signature _____ Date _____

AGENCY INFORMATION

Department/Agency _____

Commanding Officer _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email address _____



Family Fund for Paralyzed & Disabled Officers

Family Member Enrollment

FAMILY MEMBER INFORMATION

The following persons listed are the **immediate** family:

Spouse's name _____ Date of Birth _____

Phone # _____ Email address _____

Mailing address _____

City _____ State _____ Zip _____

Children, if any: (Include date of birth for children to be included in our Christmas and birthday gift program).

1. Name _____ Date of Birth _____ Son Daughter

Address _____

2. Name _____ Date of Birth _____ Son Daughter

Address _____

3. Name _____ Date of Birth _____ Son Daughter

Address _____

4. Name _____ Date of Birth _____ Son Daughter

Address _____

5. Name _____ Date of Birth _____ Son Daughter

Address _____

6. Name _____ Date of Birth _____ Son Daughter

Address _____

Other immediate family members to be included:

1. Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email address _____

Relationship to officer _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Email address _____

Relationship to officer _____