

**CITY OF GULFPORT
MUNICIPAL POLICE OFFICERS' TRUST FUND**

NEW EMPLOYEES' ACKNOWLEDGMENT OF PLAN MEMBERSHIP

TO: BOARD OF TRUSTEES

- (1) I hereby acknowledge all the terms and conditions of the City of Gulfport Municipal Police Officers' Trust Fund, and
- (2) I have been furnished with a Summary Plan Description.

SIGNED THIS _____ Day of _____, 20____.

Date of Birth:

(Member Name)

(Signature)

(Street Address)

(City) (State) (Zip Code)

ACCEPTED THIS _____ DAY OF BOARD OF TRUSTEES

_____, 20____.

By: _____

(1 copy for Member, 1 copy for Board)