



RETIRED STATE POLICE ASSOCIATION OF PENNSYLVANIA INC.

MEMBERSHIP APPLICATION - Check one below

Retired PSP Enlisted _____ / Civilian Employee _____ DATE: _____

I, _____

Street _____

City _____ State _____ Zip _____

Contact Phone Number: () _____

E-mail address: _____

Do hereby verify that I received an **honorable** separation from the Pennsylvania State Police and apply for membership in the Retired State Police Association of Pennsylvania, Incorporated. I enclose \$ 10.00 application fee (if accepted, it will go towards your first year of dues).

Date of Birth: _____

Spouse's Name: _____

Date of Enlistment or Employment: _____

Date of **Honorable Separation** and Retirement: _____ (you must submit a copy of Honorable Separation paperwork)

Your Enlisted Badge #: _____

Rank and Position at Time of Retirement: _____

Last Duty Troop and Station: _____

Last Commanding Officer / OIC _____



(Signature) _____

DO NOT SEND CASH.

Make check or money order payable to: **Retired State Police Assn. of PA**

MAIL TO: Retired State Police Association of PA, Inc. P.O. Box 60885 Harrisburg, PA 17106-0885