



# RETIRED STATE POLICE ASSOCIATION OF PENNSYLVANIA INC.

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## ASSOCIATE MEMBERSHIP APPLICATION

DATE: \_\_\_\_\_

I, \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

do hereby apply for membership in the Retired State Police Association of Pennsylvania, Incorporated. I enclose \$10.00 annual membership dues.

Date of Employment: \_\_\_\_\_

Date of **Honorable Separation** / Retirement: \_\_\_\_\_

Title at time of Retirement \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Home phone number: Area Code ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

**DO NOT SEND CASH.**

Make check or money order payable to:

**Retired State Police Assn. of Pa.**



MAIL TO: Daniel S. Fiscus  
125 Fiscus Road  
Brookville, PA 15825-4803