



# RETIRED STATE POLICE ASSOCIATION OF PENNSYLVANIA INC.

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## MEMBERSHIP APPLICATION

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

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

Street \_\_\_\_\_

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

do hereby apply for membership in the Retired State Police Association of Pennsylvania, Incorporated. I enclose \$7.00 annual membership dues.

Date of Enlistment: \_\_\_\_\_

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

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

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

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

Your Badge Number: \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

Last Commanding Officer / OIC: \_\_\_\_\_

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  
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