



RETIRED STATE POLICE ASSOCIATION OF PENNSYLVANIA INC.

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MEMBERSHIP APPLICATION - Check one below

Retired PSP _____ / Civilian Employee _____ DATE: _____

I, _____ (Nick Name) _____

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 Enlistment / Employment: _____

Date of **Honorable Separation** / Retirement: _____

Title / Position at time of Retirement: _____

Date of Birth: _____ Date of Marriage: _____

Spouse's Name: _____

Home phone: Area Code (____) _____ Cell Phone: Area Code (____) _____

Your Enlisted Badge #: _____ Include both #'s if Officer: _____

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
125 Fiscus Road
Brookville, PA 15825-4803

