

VIRGINIA STATE POLICE ASSOCIATION

** 6944 Forest Hill Avenue -- Richmond VA 23225 **

Questions, please call Sandra Winfree **Membership Services – Direct #804.548.4113

Office#: 804.320.6272 & Fax#: 804.320.2616

2018 Membership Form

Today's Date: _____ **Sex:** Male or Female
First Name _____ **Last Name** _____ **MI** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Telephone: Home () _____ Work () _____ **E-mail:** _____
Marital Status: Married Single **No. of Dependents:** _____ **Your Birthday:** _____
Emp. ID# _____ **Assigned Division:** _____ (where you work/retired) **Sworn?** **Rank:** _____

****New Members-- are you a full time VSP employee: Yes or No?** (You must be a full-time VSP employee to join the Association)

I. MEMBERSHIP STATUS (Please check one):

- New Membership Dues: **\$10 Enrollment Fee + see prorated schedule at the bottom of the form.**
- Annual Membership Dues & Re-join or Retired Members who have not received severance grant (dues owed- \$240)
- Lifetime Member (No Due Owed)
- Retired Membership Dues: \$60 (reduced rate after the member has retired or if qualifies for a severance grant)
- Retired due to a service related disability in _____ (year) (No Due Owed)

II. METHOD OF PAYMENT (Please check one):

- My dues are currently being deducted from my VSP pay check.
- Enclosed is my check, payable to VSPA in the amount of \$ _____ Check No. _____
- MasterCard - Visa or Discover charge \$ _____; Acct. No. _____

Signature _____ *exp.* _____

- I would like my dues to be deducted in equal amounts of \$10 per pay period from my paycheck.
(Members are responsible for contacting the VSPA to stop payroll deductions)

Signature _____

PRORATED DUES					
<i>(Available only for those joining for the first time.)</i>					
January	February	March	April	May	June
\$240	\$220	\$200	\$180	\$160	\$140
July	August	September	October	November	December
\$120	\$100	\$80	\$60	\$40	\$20

First-time members must include a one-time enrollment fee of \$10 in addition to the prorated dues amount.

**** Remember to keep all of your information up-to-date.****

For Membership Coordinator Use Only

New Member/Rejoin
 Annual Renewal
 Retired Renewal
 Lifetime/Disability-Life

Payment Verified: _____ Dues Deduction _____ Check _____ Cash _____ Charge _____
 RMS # _____ GP _____