

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

🔗 2021 Membership Form 🔗

Date: _____ **Emp. ID#** _____ **Sex:** Male or Female
Last Name _____ **First Name** _____ **MI** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Telephone: Home () _____ **Work:** () _____ **Mobile:** () _____
E-mail: _____ **Date of Birth:** _____
Marital Status: Married Single **No. of Dependents:** _____ **Basic Session Class #:** _____
Assigned Division: _____ (where you work/or 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 or Retired Members who have not received severance grant (dues owed- \$264)
- Re-join/Former Member (dues owed- \$264 or prorated (see chart below) Since you are a re-join, no Enrollment fee applies)
- Retired Membership Dues (dues owed- \$60)
- Lifetime Member (No Due Owed)
- Retired due to a service related disability in _____ (what 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. _____
- Amex** **MasterCard** **Visa** or **Discover** charge \$ _____
 Acct. No. _____ **exp.** _____ 3 digit # **on back of card.** _____
Signature _____
- I would like my dues to be deducted in equal amounts of \$11 per pay period from my paycheck.
(Members are responsible for contacting the VSPA to stop payroll deductions)
Signature _____

PRORATED DUES					
(Available only for those joining for the first time.)					
January \$264	February \$242	March \$220	April \$198	May \$176	June \$154
July \$132	August \$110	September \$88	October \$66	November \$44	December \$22

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
- Active Renewal
- Retired Renewal
- Rejoin
- Lifetime/Disability-Life

- DOA
- MM Encounters
- Email
- Welcome
- Scan

Virginia State Police Association

BENEFICIARY FORM DEATH BENEFIT CHANGE REQUEST

Members Name: _____
(First, Middle, Last)

<u>Name Change</u> (First, Middle, Last)	
FROM:	_____
TO:	_____

<u>Beneficiary Designation</u> (First, Middle, Last)	Please check if this is a change []
PRIMARY:	_____
Relationship:	_____
CONTINGENT:	_____
Relationship:	_____
<small>Note: Contingent Beneficiary will receive benefits only if Primary Beneficiary does not survive you. If more than one Primary or Contingent Beneficiary is wanted, please attaché a separate sheet of paper.</small>	

DEPENDENTS TO BE ADDED OR REMOVED

Check One		Name (First-MI-Last)	Date of Birth	Relationship	Date of Marriage
Add	Remove		xx/xx/xxxx	(Spouse/Child)	xx/xx/xxxx

Foster children or adopted child must show date of placement and any adoption decree.

<u>DATE AND SIGN</u>	
Date: _____	Signature of Member _____

Mail or Fax to VSPA
Attn: Membership Services
6944 Forest Hill Avenue
Richmond, VA 23225
Fax: 804.320.2616