

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

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- \$282)
- Re-join/Former Member (dues owed- \$282 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 \$11.75 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 \$282	February \$258.50	March \$235	April \$211.50	May \$188	June \$164.50
July \$141	August \$117.50	September \$94	October \$70.50	November \$47	December \$23.50

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
___ Email
___ MM
___ Scan/Encounters
___ Welcome Pack

Virginia State Police Association

BENEFICIARY FORM DEATH BENEFIT CHANGE REQUEST

Members Name: _____
(First, Middle, Last)

Name Change (First, Middle, Last)
 FROM: _____
 TO: _____

Beneficiary Designation (First, Middle, Last) Please check if this is a change []
 PRIMARY: _____
 Relationship: _____
 CONTINGENT: _____
 Relationship: _____

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 attach a separate sheet of paper.

DEPENDENTS TO BE ADDED OR REMOVED

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

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

DATE AND SIGN

Date: _____
Signature of Member _____

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