



ASSOCIATE MEMBERSHIP APPLICATION

VIRGINIA STATE POLICE ASSOCIATION, INC.
6944 Forest Hill Avenue
Richmond, VA 23225

ASSOCIATE MEMBERSHIP:

Associate Members shall be comprised of public spirited citizens and retired members of the Virginia State Police, including those who chose not to retain their VSPA membership and have such qualifications as the Corporation may fix. Associate Members may be required to remit dues to the VSPA as a condition of their Associate Membership status. Such dues will be established by the VSPA Board of Directors.

PLEASE PRINT LEGIBLY

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ NICKNAME _____

ADDRESS – STREET OR P. O. BOX _____ CITY OR TOWN _____ STATE _____ ZIP _____

DATE OF BIRTH _____ (AREA CODE) PHONE NO. _____ E-MAIL ADDRESS _____

(CHECK APPROPRIATE BOX)

EMPLOYED AS A: SWORN EMPLOYEE CIVILIAN EMPLOYEE OF THE DEPARTMENT OF STATE POLICE

FROM: MONTH/YEAR _____ TO: MONTH/YEAR _____

STATIONS / DUTY POSTS: _____

RENEWAL: Annual Dues - \$60

NEW MEMBER: One-Time Enrollment Fee - \$10

METHOD OF PAYMENT

Check: Enclosed is my check, payable to VSPA in the amount of \$ _____ Check No. _____

Charge: Amex MasterCard Visa Discover

Amount to charge - \$ _____

Acct. No. _____ exp. _____

Security Code: (3 or 4 digit # on back of card) _____

DATE: _____

SIGNATURE: _____

*Annual dues are payable on or before January 1 each year.
If applicant is not accepted for membership, all payments will be refunded.*

NOTE: Dues and/or Initiation Fee must accompany this application.