Michigan State Police Troopers Association

Retiree Associate Membership Application

Membership Year: July 1, 2008 – June 30, 2009

Retiree Name _____
Last First Middle

Spouse's Name _____
Last First Middle

ARE YOU A SURVIVING SPOUSE: ❑ YES ❑ NO IF YES, SKIP TO BOX B

BOX A

Date of Birth _____ Retirement Date _____ Rank at Retirement _____

Health Insurance Carrier _____

Please indicate if you are currently employed or active in law enforcement: ❑ YES ❑ NO

Agency _____ Position _____

Please indicate if you hold an elected public office: ❑ YES ❑ NO

Goverentmental Entity _____ Position _____

BOX B **Please Complete/Verify Address Information**

Permanent Address _____
Street City State Zip

Permanent Phone _____ Cell Phone _____

E-mail Address _____

Alternate Address _____
Street City State Zip

Alternate Phone _____

Months at Alternate Address _____ to _____
Month / Date Month / Date

❑ YES – I WANT TO CONTINUE TO RECEIVE THE *MICHIGAN TROOPER* MAGAZINE.
❑ NO – I NO LONGER NEED TO RECEIVE THE *MICHIGAN TROOPER* MAGAZINE.

RETIREE MEMBERSHIP DUES: Dues are for 7/1/2008– 6/30/2009

❑ **$15** if retired prior to October 1, 1987 ❑ **$40** if retired on or after October 1, 1987

❑ **$0 (No Fee)** Surviving Spouse

PLEASE NOTE: Checks or Money Orders Only – *Please Do **NOT** Send Cash!*

(Sorry – we do not accept payment by credit card.)

Payable to: MSPTA Retirees Check#_____

Additional PAC Donation $_____

Total Amount Enclosed $_____

FOR OFFICE USE ONLY

❑ ENTERED