

VIRGINIA STATE POLICE ASSOCIATION MEMBERSHIP ENROLLMENT FORM

6942 Forest Hill Avenue — Richmond, VA 23225
Membership Services | 804.548.4113 | 804.320.6272 | vspa@vspa.org

Date: <input type="text"/>	Employee ID #: <input type="text"/>
First Name: <input type="text"/>	Division: <input type="text"/>
Last Name: <input type="text"/>	Sworn <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: <input type="text"/>	Rank or Position: <input type="text"/>
City/State/Zip: <input type="text"/>	Basic Session Class #: <input type="text"/>
Date of Birth: <input type="text"/>	Home #: <input type="text"/> Mobile #: <input type="text"/>
# of Dependents: <input type="text"/>	Email: <input type="text"/>
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/>	Full-Time <input type="checkbox"/> Yes <input type="checkbox"/> No

Membership Status (Check One)

New Member Annual Renewal Rejoin Retired Lifetime Disability Retirement

Payment Method

Payroll Deduction Check Credit Card

Card #: Exp: CVV:

Signature:

Payroll Deduction Authorization: I authorize VSPA dues deductions from my payroll at the approved rate.

Member Signature: Date:

Prorated dues and membership eligibility requirements available upon request.