



Application for Membership in The Maryland State Police Alumni Assn., Inc.

Membership categories are explained on our web page at www.mspaa.org on the membership page.

The membership category I am applying for is (circle the one that applies to you)

Retired - Sworn - Widow - Associate and I hereby make application for membership in the MSPAA.

I joined the Maryland State Police in _____ and (select applicable) left their employment in _____ or retired on _____ and that I left the Department in good standing, through resignation or retirement, and disciplinary charges were not pending against me. Date: _____

NOTE: The paragraph above does not apply to Widow and Associate Memberships.

I presently reside at: Street: _____ Home phone: (____) _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Employer: _____ Business phone No.: (____) _____

I agree to conform to the By-Laws of the Association, to support its goals and objectives and to conduct myself in such a manner that it will reflect credit to the Association and uphold the high standards of our parent organization.

 (Sign name in full) (Print name in full)

Note: Application **must** be signed by a member of the MSPAA, Inc. in good standing. I am personally acquainted with the above applicant and I believe the statements contained herein to be true.

Signature of sponsoring member:

 (Sign name in full) (Print name in full)

Membership No. _____

NOTE: Only retired or former Troopers who are REGULAR Members of the MSPAA may sponsor new members.

Upon approval a membership card will be issued. If disapproved, applicant will be notified.

Annual Dues: \$35.00 (January 1 through December 31 or any part thereof)

Complete this form and make your \$35.00 check out to the MSPAA, Inc. and mail it to:

MSPAA. % Bob Smith, 2910 Sunset Lane, York, PA 17408-9561