



Maryland State Police Alumni Assn., Inc.

Date: _____

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

Membership categories are explained on our web site at <https://mspaa.org/membership-information/>

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. *NOTE: This paragraph does not apply to Widow and Associate Memberships.*

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

City: _____ State: _____ Zip: _____ Home email: _____

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.

I elect to receive MSPAA email notices and have the MSPAA publications delivered electronically when available. _____ (initials). I give my permission to have my name used in official MSPAA publications (i.e. newsletter) _____ (initials).

(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)

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. **First Year Dues are FREE; please do not send a check.**

Annual Dues after the first year: \$35.00 (January 1 through December 31 or any part thereof).

Complete this form and mail it to:

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

Form revised 2024-06-10