KENTUCKY STATE POLICE PROFESSIONAL ASSOCIATION
633 CHAMBERLIN AVENUE
FRANKFORT, KENTUCKY 40601
PHONE (502) 875-1625 FAX (502) 875-1688

PRD_____

Amount Paid_____

District #_____

APPLICATION FOR MEMBERSHIP

DATE:_____   CARD #_____

FULL NAME_____

HOME ADDRESS_____

CITY_____STATE_____ZIP CODE_____

DATE OF BIRTH(M)_____/(d)_____/(y)_____SOCIAL SECURITY #_____/_____/_____

HOME PHONE_____/_____BUSINESS PHONE_____/_____

OFFICIAL WORK STATION(Post/Section)_____(Location)_____

YEARS OF SERVICE_____DATE OF APPOINTMENT_____

TITLE/RANK_____BADGE NUMBER_____

SEX MALE( ) FEMALE ( )   EMAIL ADDRESS_____

I HEREBY CERTIFY THAT I AM A MEMBER OF THE DEPARTMENT OF KENTUCKY STATE POLICE AND PRESENTLY EXERCISE THE DUTIES OF A PERMANENT POSITION. I FURTHER CERTIFY THAT I WILL SUPPORT THE KENTUCKY STATE POLICE PROFESSIONAL ASSOCIATION AND ITS' ENDEAVORS TO CONTINUALLY PROFESSIONALIZE THE KENTUCKY STATE POLICE AND, IN NO WAY, SHALL THIS SUPPORT VIOLATE MY SWORN DUTIES, ESTABLISHED AUTHORITY OR ANY LAW OF THE COMMONWEALTH.

SIGNATURE_____

FOR OFFICE USE ONLY, DO NOT WRITE IN THIS SPACE

DATE ENTERED_____INITIALS_____

CARD NUMBER_____COMMENTS_____

PRD SENT TO KSP_____

KSPPA MEMBER:

Below you will find the Payroll Deduction form. Please return this form to the KSPPA Administrative Office at the address listed above.

Treasurer, KSPPA

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KSPPA PAYROLL DEDUCTION
Utility Number 4036
Company Number 54520

I, _____, _____ -_____ -_____ , do hereby authorize the
            (Please print)   (Social Security Number)
Kentucky State Police to payroll deduct an amount of $10.00 each pay period for Kentucky State Police Professional Association dues.

                                 _____   _____
                                           Signature   Date

EMAIL ADDRESS_____