

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

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: _____

PLEASE NOTIFY KSPPA DIRECTLY OF ANY ADDRESS CHANGE OR CHANGE OF INFO ABOVE!

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 _____

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DEAR KSPPA MEMBER:

Below you will find the Payroll Deduction form. Please return this form to the KSPPA Administrative Office at the address listed above or email to quartermaster@ksppa.com.

Sincerely,
KSPPA

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 _____