



KENTUCKY STATE POLICE PROFESSIONAL ASSOCIATION
108 DIAGNOSTIC DRIVE, SUITE C
FRANKFORT, KENTUCKY 40601
PHONE (502) 875-1625

District/Post # _____

APPLICATION FOR MEMBERSHIP

DATE: _____ CARD # _____

(Issued by KSPPA Office)

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 IN 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 _____

**KENTUCKY STATE POLICE PROFESSIONAL ASSOCIATION
108 DIAGNOSTIC DRIVE, SUITE C
FRANKFORT, KY 40601
PHONE (502) 875-1625**

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 name above) (Social Security Number)
Kentucky State Police to payroll deduct an amount of \$10.00 each pay period for the Kentucky State Police Professional Association member dues.

Signature

Date

Email Address: _____