



IDAHO STATE POLICE ASSOCIATION

RETIREE APPLICATION FOR MEMBERSHIP

Name: (Please print) _____

Month & Year ISPA Membership Started: _____

Retired Date: _____ Region/District Retired From: _____

Division Retired From: _____

Birthdate: _____ Marital Status: _____

Name of Spouse: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____

Email address: _____
(Primary means of communication with association membership and board)

YES I wish to join the ISPA. I am a retired Idaho State Police Employee who was a member of the association when I retired. I understand my dues will be \$60.00 a year, due October 1st of each year I want to remain a Retired ISPA Member.

Signature _____ Date: _____

Thank you for joining your past fellow ISP employees in working together to further the goals and objectives of this membership organization.

Please return fax to (208) 884-0608, email to: execsec@ispaonline.org or mail to:

Idaho State Police Association
1800 S Meridian Rd Ste 104
PMB 212
Meridian, ID 83642-9271