



IDAHO STATE POLICE ASSOCIATION

APPLICATION FOR MEMBERSHIP

Name: (Please print) _____ Region: _____

Title: _____ Date of Hire: _____ Division: _____

Birthdate: _____ SOC # _____ Marital Status: _____

Name of Spouse: _____ Date of Birth: _____

Name and ages of dependants:

Work Address: _____

Home Address: _____

Work Phone: _____ Home Phone: _____

Email address: _____

YES I wish to join the ISPA. I understand my dues assessment will be \$16.00 per pay period per month and forwarded by the Idaho Office of the State Controller to the ISPA.

YES NO I wish legal defense insurance as provided by P.L.E.A. I understand and agree that \$5.50 will be deducted each pay period per month and forwarded by the Idaho State controller's office to the ISPA. (You must be a member of the ISPA to be eligible for this benefit.)

Signature _____ Date: _____
(Type name if sending by email)

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

"DO NOT FAX TO HR" - Please return to your Chapter President or fax to (208) 884-0608 or email to: execsec@ispaonline.org