

2008 MEMBERSHIP APPLICATION

**INDIANA STATE POLICE ALLIANCE, INC.
1415 SHELBY STREET; INDIANAPOLIS, IN 46203
(317) 636-0929 OR 1-800-382-1104
FAX (317) 631-8221**

PLEASE PRINT

DATE: _____ NEW MEMBER: _____ RENEWAL: _____

NAME: _____ PE: _____

ADDRESS: _____

DISTRICT NAME AND #: _____ RANK: _____

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____

BENEFICIARY: _____ APPT. DATE: _____

CHILDREN'S NAMES: _____ CHILDREN'S AGES: _____

GHQ PERSONNEL ONLY

DO YOU WORK OUT OF A POST: _____ IF YES, WHICH: _____

IF NOT, WHAT IS THE NEAREST POST TO YOUR HOME: _____

_____ I HAVE EXECUTED THE PAYROLL DEDUCTION FORM AUTHORIZING
DUES DEDUCTION.