

**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  
indianasfinest.com**

**PLEASE PRINT**

DATE: \_\_\_\_\_ NEW MEMBER: \_\_\_\_\_ RENEWAL: \_\_\_\_\_

NAME: \_\_\_\_\_ PE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DISTRICT: \_\_\_\_\_ RANK: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

BENEFICIARY: \_\_\_\_\_ APPT. DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CHILDREN'S NAMES: CHILDREN'S AGES:

_____	_____
_____	_____
_____	_____
_____	_____

**GHQ PERSONNEL ONLY**

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