

## ASSOCIATION OF FORMER NEW JERSEY STATE TROOPERS, INC.

P.O. Box 7852, W. Trenton, New Jersey 08628 (609) 882-2000, X:2220

FTA@FTANJSP.ORG

## MEMBERSHIP APPLICATION ASSOCIATE MEMBERSHIP

□ Initial□ Renewal

I hereby make application for Associate Membership in the Association of Former New Jersey Troopers, Inc., in accordance with the Constitution and By-Laws of the Association.

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*Full Name		
*Address/ Street		
*City	*State	*Zip Code
*Email Address	*Telephone	DOB
PLEASE ON	LY CHECK ONE TYPE OF MEN	MBERSHIP
☐ Regular Associate Member (famil	lial):	
*Related to Former Troop	per	*Badge#
Relationship: $\square$ Spouse $\square$ Son	□ Daughter □Step-son □ Step-d	laughter □Parent □Sibling
☐ Civilian Associate Member: (Min	imum 10 years of service to NJSP)	
*Date of Employment NJSP: _	*Date Retired	NJSP:
☐ Active Enlisted Associate Member	r: * Badge #	
*Applicant's Signature	*Date	
Mail this Application with a check and/or any Reinstatement Fees (if a		
	FTA	
	PO Box 7852	
	W. Trenton, NJ 08628	
Dues: \$40.00 1-Year or \$110.00 3-Y	Years. Initiation Fee: \$10.00	Reinstatement Fee: \$10.00
*Information Required	<b>Total Amount Subm</b>	nitted: \$
Please report any changes in th	e above information promptly in v	vriting to the FTA Office.
DO NOT WRI	TE BELOW THIS LINE. FTA US	SE ONLY
Dues Received Date A Revised: Nov. 2018	approved New Memb	oer Package Sent