

## 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 REGULAR MEMBERSHIP

Initial
Renewal

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

*Full Name		_*Badge Number	
*Address/ Street			
*City	*State	_*Zip Code	
*Email Address	*Telephone		
DOB*Troop Region _	*Rank at Retirement _		
*Date Enlisted in NJSP	*Class #*Retire	ment Date	
*Reason: □ Longevity □ Disability □ Resignation □ Other (Explain)			
Name of Spouse, if any			
Name(s) of Children, if any			
*Applicant's Signature		*Date	
Mail this Application with a check made p and/or any Reinstatement Fees (if applical			
	FTA		
Tr	PO Box 7852 centon, NJ 08628		
Dues: \$45.00 1-Year or \$125.00 3-Years.	Initiation Fee: \$10.00	Reinstatement Fee: \$10.00	
*Information Required	Total Amount Submitted: \$		
Please report any changes in the above			
DO NOT WRITE BEI	LOW THIS LINE. FTA US	E ONLY	
Dues Received Date Approve	ed New Memb	er Package Sent	