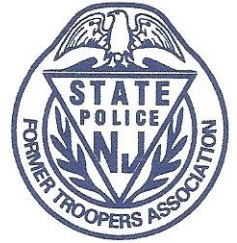


FORMER TROOPERS ASSOCIATION



MEMBERSHIP APPLICATION REGULAR MEMBERSHIP

INITIAL
 RENEWAL

I hereby make application for regular membership in the Former New Jersey Trooper's Association, 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 _____

*Date Enlisted in NJSP _____ *Class # _____ *Retirement 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 payable to the F.T.A. for the Initiation Fee (if applicable), Reinstatement Fees (if applicable for reinstatement), and current Annual Dues to:

FTA, 1675 Whitehorse-Mercerville Rd., Suite 103, Hamilton, NJ 08619-8325.

Dues: \$35.00 1 Year or \$95.00 3 Years. Initiation Fee: \$10.00 Reinstatement Fee: \$10.00

*Information Required Total Amount Submitted: \$ _____

Please report any changes in the above information promptly in writing to the FTA Office.

DO NOT WRITE BELOW THIS LINE. FTA USE ONLY

Dues Received _____ Date Approved _____ New Member Package Sent _____

Revised: September 2011