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.

***Full Name**_____

***Address/ Street** _____

City**_____State**_____***Zip Code** _____

Email Address**_____Telephone** _____**DOB** _____

_____

PLEASE ONLY CHECK ONE TYPE OF MEMBERSHIP

☐ **Regular Associate Member:**

Related to Former Trooper_____**Badge#**_____

Relationship: ☐**Spouse** ☐ **Son** ☐ **Daughter** ☐**Step-son** ☐ **Step-daughter**

☐ **Civilian Associate Member: (Minimum 10 years of service to NJSP)**

Date of Employment NJSP: _____ **Date Retired NJSP:** _____

☐ **Active Enlisted Associate Member: Badge #**_____

Applicant's Signature**_____Date** _____

Mail this Application with a check made payable to the FTA, plus the Initiation Fee (if applicable), and/or any Reinstatement Fees (if applicable for reinstatement), and current Annual Dues to:

FTA
PO Box 7852
W. Trenton, NJ 08628

Dues: $30.00 1 Year or $80.00 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: May 2018