



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 _____ *Rank at Retirement _____

*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 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
Trenton, NJ 08628**

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: May 2018