

2018

Date_____

Application for Membership

For Office Use Only

**TEXAS STATE TROOPERS ASSOCIATION
5555 NORTH LAMAR, STE. J105
AUSTIN, TEXAS 78751**

Payment_____

Jacket Size_____

(First time member only)

www.texasstatetroopers.org

Dues \$25

Pay with check by mail or
go to www.texasstatetroopers.org
and pay via credit card

Name (Last)	(First)	(M)	Date of Birth	Rank/Service
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Home Address	(Street, City, Zip Code)	Home Phone Number (include area code)
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Office Address	(Street, City, Zip Code)	Office Phone Number (include area code)
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Date Employed	Date of Commission	Date of Termination (if no longer w/DPS)
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Membership dues paid to TSTA are not deductible as gifts or charitable contributions but may be deductible under an IRC Section other than Section 170 (c).

I, _____, request membership into the Texas State Troopers Association, and if accepted agree to abide by the Constitution and Bylaws of the Association, the rules and decisions of its officers. I also agree to pay annual dues of Twenty-Five (25) Dollars for all of a calendar year or any part thereof.

I understand that any unreasonable failure to assist a fellow member of the Texas State Troopers Association will result in this membership being cancelled by the board of directors at their option.

Signature of Applicant

Home E-Mail