

2016 - 2017
Application for Membership

For Office Use Only

Date_____

TEXAS STATE TROOPERS ASSOCIATION
5555 NORTH LAMAR, STE. D111
AUSTIN, TEXAS 78751
www.texasstatetroopers.org

LRE_____

Payment_____

Jacket Size_____

Dues \$25

Name (Last)	(First)	(M)	Date of Birth	Rank/Service/Region
-------------	---------	-----	---------------	---------------------

Home Address	(Street, City, State, Zip Code)	Home Phone Number (include area code)
--------------	---------------------------------	---------------------------------------

Office Address	(Street, City, State, Zip Code)	Office Phone Number (include area code)
----------------	---------------------------------	---

Date Employed	Date of Commission	Date of Termination (if no longer w/DPS)
---------------	--------------------	--

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.

I also understand this membership will terminate immediately if I am promoted to any supervisory rank of sergeant or above.

Signature of Applicant

Home E-Mail

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.