

## Retired State Police Association (RSPA) of Illinois - Membership Application

[ ] Civilian [ ] Merit Board Sworn [ ] Retiree [ ] Surviving Spouse [ ] Active Employee

I.D. #	Last Name	First Name	M. I.	Date of Application
Street		City	State	Zip Code
Telephone	Date of Birth	Spouse's Name	Class Number	
Date Started with ISP	Date Retired	District / Unit / Facility	Rank / Position at Retirement	
Newsletter Preference		E-Mail Address		
E-Mail ?	<input type="checkbox"/>	U. S Mail ?	<input type="checkbox"/>	<input style="width: 150px;" type="text"/>

Self – Pay: [ ] Check #: \_\_\_\_\_ Dated: \_\_\_\_\_ Payroll Deduction [ ]

**mail to: Richard Martinez, 11024 Princess Ave, Chicago Ridge, IL 60415-2145**

**email: [martinezrichard@live.com](mailto:martinezrichard@live.com) (708) 710-5632**

### **Payroll Deduction Authorization for Retired State Police Association of Illinois Code 75**

Last Name	First Name	M. I.
Address	City	State Zip Code
Phone: _____	Social Security # XXX - XX _____	

I hereby authorize the **State Employees Retirement System (SERS)** to deduct from my pension check dues for the Retired State Police Association of Illinois to be forwarded to RSPA of Illinois, 11024 Princess Ave, Chicago Ridge, IL 60415

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Deduction of \$1.00 per month for retiree Effective Date: \_\_\_\_\_

(Do Not Detach)

### **Payroll Deduction Authorization for Active ISP Personnel**

I hereby authorize a deduction in the amount certified as rate of deduction to be withheld from my pay semi-monthly. Deduction for Retired State Police Association of Illinois Code 75

Name: \_\_\_\_\_  

Last
First
M

Social Security No. XXX-XX- \_\_\_\_\_ Deduction \$0.50 (per pay period)

Effective Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_