

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 Area
Telephone		Date of Birth	Spouse's Name C C Number	
Date Started with ISP	Date Retired	District / Unit / Facility		Rank / Position at Retirement
Newsletter Preference		E-Mail Address		Website User Name Date Active
E-Mail <input type="checkbox"/>	U. S Mail <input type="checkbox"/>			
Self - Pay: []	Check #:	Dated:	Amt:	Payroll Deduction []

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

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

Effective Date: _____