

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		CC 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		U.S. Mail							
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		State
City		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: _____

Signature: _____ Date: _____