



South Carolina Troopers Association Active SCDPS & Associate Spouse Membership Form w/ P4



All fields are required. Those marked in **ORANGE** are conditional. Once completed, either 1) print and mail this form to 4961 Broad River Rd, Columbia SC 29212 or 2) fax it to 803-772-1125. Because this form contains your sensitive information and because your signature is needed, we strongly encourage you to print and mail it via the US Postal Service instead of emailing it to us.

Once your Active status has been verified, we will contact you at your SCDPS.gov email address.

Please note: If you haven't already done so, please consider creating an account at sctroopers.org. Your Active SCDPS Membership will entitle you to a 20% discount on all purchases and you will be given access to restricted items/resources. If you have already created an account, remember to let us know what your username is in the appropriate area below.

-- Dues are not tax deductible --

-- Any ongoing investigations at the time of this application will not be covered by the Association's legal defense fund --

1. SCDPS-SPECIFIC INFORMATION

Current Rank: _____ Date of Hire: _____

SCDPS Division (HP, BPS, STP) & Troop/Region: _____

SCDPS.gov email address: _____

2. MEMBER-SPECIFIC INFORMATION

Last Name: _____ First Name: _____ MI: _____

Mr. or Ms./Mrs.: _____ Preferred Email Address: _____

Birthdate: _____ Social Security Number: _____

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

sctroopers.org Username: _____ *(Haven't signed up yet? Type 'NA')*

Is this a: New, Renewal, or Updated App *(Type 'X' beside which)*

(continued on page 2)

3. BENEFICIARY INFORMATION

-- Accurate Beneficiary Info is required in order to ensure your loved ones get the benefits to which they are entitled --

Last Name: _____ First Name: _____ MI: _____

Birthdate: _____ Social Security Number: _____

Street, City, State, & Zip: _____

Relationship to You: _____

4. SPOUSE'S INFORMATION (for ASSOCIATE SPOUSE MEMBERSHIP)

Last Name: _____ First Name: _____ MI: _____

Mr. or Ms./Mrs.: _____ Preferred Email Address: _____

Birthdate: _____ Social Security Number: _____

Street: _____

City: _____ State: _____ Zip: _____ Phone: _____

sctroopers.org Username: _____ (Hasn't signed up yet? Type 'NA')

5. PAYROLL DEDUCTION INFORMATION

Thank you for your service! Active SCDPS Membership dues are \$120 per year. Associate Spouse Membership dues are \$72 per year. Your total dues are **\$192** per year. By using Payroll Deduction, each check will automatically be deducted just \$8. You can cancel your Payroll Deduction at any time. We look forward to serving you!

Just type an 'X' beside the appropriate statement below:

No, I have never authorized the SCTA to make a Payroll Deduction before today

Yes, I have previously authorized the SCTA to make a Payroll Deduction before today

Now, just sign your name below **AND** in the **GREEN** highlighted area on the next page and we'll take care of the rest!



Your Signature

Today's Date

For Office Use Only

Date Received: _____ **Date Entered:** _____ **Cert. Issued:** _____

COMPTROLLER GENERAL'S OFFICE

EMPLOYEE'S WITHHOLDING & DEDUCTIONS

PRINT OR TYPE

SC Department of Public Safety

K05

DEPARTMENT NAME

DEPT. NO (3 Positions)

NEW

CHANGE

EFFECTIVE DATE _____

(01) SOCIAL SECURITY _____

(02) NAME
 First (20 Positions) Middle Initial Last (20 Positions)

(03) STREET _____
 (25 Positions)

(04) CITY/STATE _____ (20 Positions) (05) ZIP _____

(06) MARITAL STATUS

NUMBER WITHHOLDING EXEMPTIONS

SINGLE

MARRIED

(07) FEDERAL _____

(08) STATE _____

Form **W-4**
 Department of the Treasury
 Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010

For Privacy Act and Paperwork Reduction Act Notice, see reverse.

1 Type or print your first name and middle initial _____ Last name _____		2 Your social security number _____	
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate. <small>Note: if married, but legally separated, or spouse is a nonresident alien, check the Single box.</small>	
City or town, state, and ZIP Code _____		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card - - - - - > <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) _____		5 _____	
6 Additional amount, if any, you want withheld from each paycheck _____		6 _____	
7 I claim exemption from withholding for 2002 and I certify that I meet BOTH of the following conditions for exemption: • Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND • This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet both conditions, enter "EXEMPT" here _____ > <input type="checkbox"/> 7 _____			
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status			
Employee's signature > _____		Date > _____, 20____	
8 Employer's name and address (Employer: Complete 8 and 1 0 only if sending to the IRS) _____		9 Office code (optional) _____	10 Employer Identification number _____

INSURANCE AND OTHER DEDUCTIONS

CODE	DEDUCTION	AMOUNT	CODE	DEDUCTION	AMOUNT
<input checked="" type="checkbox"/> 662	SC Troopers Association	\$ 8.00	<input type="checkbox"/>		\$
<input type="checkbox"/>	Active Duty w/ Spouse Deduction	\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$
<input type="checkbox"/>		\$	<input type="checkbox"/>		\$

I hereby authorize my employer to deduct from my earnings the amounts indicated above to enable me to participate in the above salary deduction plans. I reserve the right to revoke the authorization at any time by giving written notice to my employer.

 Authorized Agency Signature

 Date

 Title

 Employee's Signature