



# South Carolina Troopers Association



## Active SCDPS Membership Form w/o 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](http://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. PAYMENT INFORMATION

**Thank you for your service!** Active SCDPS Membership dues are \$120 per year. Your total dues are **\$120** per year. Please enclose a check/money order or provide your credit card information below. We look forward to serving you!

Enclosed Check Number (or Enclosed Money Order Number): \_\_\_\_\_

Credit Card Issuer (MasterCard, Visa, Discover, AmEx): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security code: \_\_\_\_\_ Name on card: \_\_\_\_\_



\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Today's Date

#### For Office Use Only

**Date Received:** \_\_\_\_\_ **Date Entered:** \_\_\_\_\_ **Cert. Issued:** \_\_\_\_\_