



South Carolina Troopers Association Associate Spouse of a Retired SCDPS Employee 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 spouse's status has been verified, we will contact you at your preferred email address.

Please note: If you haven't already done so, please consider creating an account at sctroopers.org. Your Associate Spouse 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 --

1. 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')*

2. 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: _____

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3. SPOUSE'S INFORMATION (for VERIFICATION PURPOSES)

Job Title: _____ Date of Retirement: _____

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

Preferred email address: _____

Last Name: _____ First Name: _____ MI: _____

Birthdate: _____ Social Security Number: _____

Street: _____

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

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

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

5. PAYMENT INFORMATION

Thank you for your support! Associate Spouse Membership dues are \$72 per year. Your total dues are **\$72** per year. If you'd like, you can ask your spouse to let you deduct your dues from his/her paycheck. If your spouse agrees, we'll be happy to help. But, for now, please just enclose a check or 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: _____