



South Carolina Troopers Association Retired SCDPS & Associate Spouse 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 Retired 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 Retired 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

Rank at Retirement: _____ Date of Retirement: _____

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

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. PAYMENT INFORMATION

Thank you for your service! Retired SCDPS Membership dues are \$72 per year. Associate Spouse Membership dues are \$72 per year. Your total dues are **\$144** per year. Please 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:** _____