

NORTH CAROLINA TROOPERS ASSOCIATION, INC.



MEMBERSHIP APPLICATION

Application Type: <input type="checkbox"/> New Member <input type="checkbox"/> Renewal Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Membership Options <input type="checkbox"/> NCSHP Active Trooper \$300.00 If you would like to pay on a monthly basis through payroll deduction please complete the payroll deduction form and submit with application. <input type="checkbox"/> NCSHP Civilian (Employee of NCSHP) \$120.00 Payroll deduction Option	<input type="checkbox"/> NCTA Associate-Renewals only (non employee of NCSHP) \$200.00 annually <input type="checkbox"/> NCSHP Retirees: \$100.00 annually My NCTA Extra Contribution is \$ _____
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*****Neither Dues nor Contributions are tax deductible*****

MEMBER INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____
 Mailing Address: _____ City: _____
 State: _____ Zip: _____ Date of Birth: _____
 Social Security Number: _____ County Working: _____
 Call #: _____ Home Phone: _____ Cell Phone: _____
 Home Email Address: _____

Any ongoing investigations at the time of this application will not be covered by the association for legal defense.

Signature: _____ Date: _____

BENEFICIARY INFORMATION ONLY

PLEASE COMPLETE ALL INFORMATION

**BENEFICIARY INFORMATION IS ESSENTIAL TO INSURE YOUR LOVED ONES GET THE BENEFITS TO WHICH THEY ARE ENTITLED.

Last Name: _____ First Name: _____ Middle Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Beneficiary's Date of Birth: _____ Social Security Number: _____
 Relationship to Member: _____ Beneficiary Phone Number: _____

PAYMENT OPTIONS

Check: Check Number _____ Cash: _____ Credit Card: _____ Visa _____ Master Card: _____
 _____ Payroll Deduction (please attach form)
 Credit Card#: _____ Exp. Date: _____ Security Code on card _____
 Name on Card: _____ TOTAL Amount to Charge/Check/Cash: \$ _____

Please Note: All Annual Memberships expire one year from date received. No Grace Period.

(Credit card payments can be faxed to (336) 644-6205)
 ** Neither dues nor contributions are tax deductible**

PLEASE COMPLETE AND MAIL WITH CHECK OR MONEY ORDER TO:
 North Carolina Troopers Association
 P.O. Box 840, Summerfield, NC 27358
 800-446-7334 Fax: (336) 644-6205
www.nctroopers.org Email info@nctroopers.org

“TROOPERS HELPING TROOPERS”