

Application

MAIL TO: SSPBA, 2155 HIGHWAY 42 S, MCDONOUGH, GA 30252-7636

APPLICATION CANNOT BE PROCESSED UNLESS ALL APPLICABLE LINES ARE COMPLETED.
I hereby make application for membership in the Southern States Police Benevolent Association.

First Name Middle Name Last Name

Mailing Address

City State Zip Code
() ()

Home Telephone Business Telephone

Social Security Number Birth date

Employment Date Rank County of Employment

E-mail address (Personal E-mail's only) Employing Agency/ Correctional Institution

Signature

There is a one time initiation fee of \$10. Coverage begins the day your initiation fee is received in the association office.
Dues will be billed quarterly.

FOR OFFICE USE ONLY

PBA Date Draft Date Action Code Status ID#

Chapter Agency Initiation Fee Dues

Accidental Death Benefit Plan	
MEMBER INFORMATION	
Name: _____	First Middle Last
Social Security Number: _____	- - - - -
PRIMARY BENEFICIARY*	
Name: _____	
Social Security Number: _____	- - - - -
Date of Birth: _____	/ /
Current Relationship: _____	
Address: _____	Street Apt #
City State ZIP	
Phone: () - - () - -	Home Other
SECONDARY BENEFICIARY**	
Name: _____	
Social Security Number: _____	- - - - -
Date of Birth: _____	/ /
Current Relationship: _____	
Address: _____	Street Apt #
City State ZIP	
Phone: () - - () - -	Home Other
<p>*Claims are paid to the listed beneficiary regardless of the status of the relationship changes.</p> <p>**Secondary beneficiary is eligible for benefits if primary beneficiary is unavailable.</p> <p>If no beneficiary is named or if beneficiary is unavailable, benefits will be paid to the member's estate.</p>	
Member's Signature _____	Date _____
THIS BENEFIT IS AT NO ADDITIONAL COST TO YOU	

CITY OF LITTLE ROCK
VOLUNTARY DEDUCTION AGREEMENT

Employee Name _____ Social Security
Number _____

Department _____

DEDUCTION

Organization _____

Amount _____ Frequency: _____ Biweekly
_____ Monthly

Authorization

I hereby authorize the City of Little Rock to withhold from my payroll check the voluntary deduction indicated above.

This authorization is to remain in force until the City of Little Rock receives notice of cancellation from me. This notice of cancellation must be received by the payroll office no later than Friday before payday to be effective the following payday Friday.

Signed _____ Date _____

Cancellation

I hereby cancel the authorization for the City of Little Rock to withhold from my payroll check the voluntary deduction indicated above. Effective Date _____ Signed

For Department Use Only

Date Received in Payroll _____

Information verified as to accuracy? Yes No

Entered into Payroll System? Yes No

10/14/05

(Signature)

(Date)