

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

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

*Claims are paid to the listed beneficiary regardless of the status of the relationship changes.
**Secondary beneficiary is eligible for benefits if primary beneficiary is unavailable.
If no beneficiary is named or if beneficiary is unavailable, benefits will be paid to the member's estate.

Member's Signature Date
THIS BENEFIT IS AT NO ADDITIONAL COST TO YOU