

# 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

\*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**



City of Conway

Payroll Deduction Authorization Form

Employee Name: \_\_\_\_\_ Employee No. \_\_\_\_\_  
Last First

Social Security Number: \_\_\_\_\_ Department: \_\_\_\_\_

I, the undersigned employee of the City of Conway, hereby authorize the City of Conway to deduct union dues for Conway Firefighters Association International Association of Fire Fighters Local 4016 . Dues will be deducted from each pay period until such time as the City of Conway payroll department receives a written request from the undersigned employee to cancel the payroll deduction.

Amount to be deducted per pay period: \$ 11 . 75

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date