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

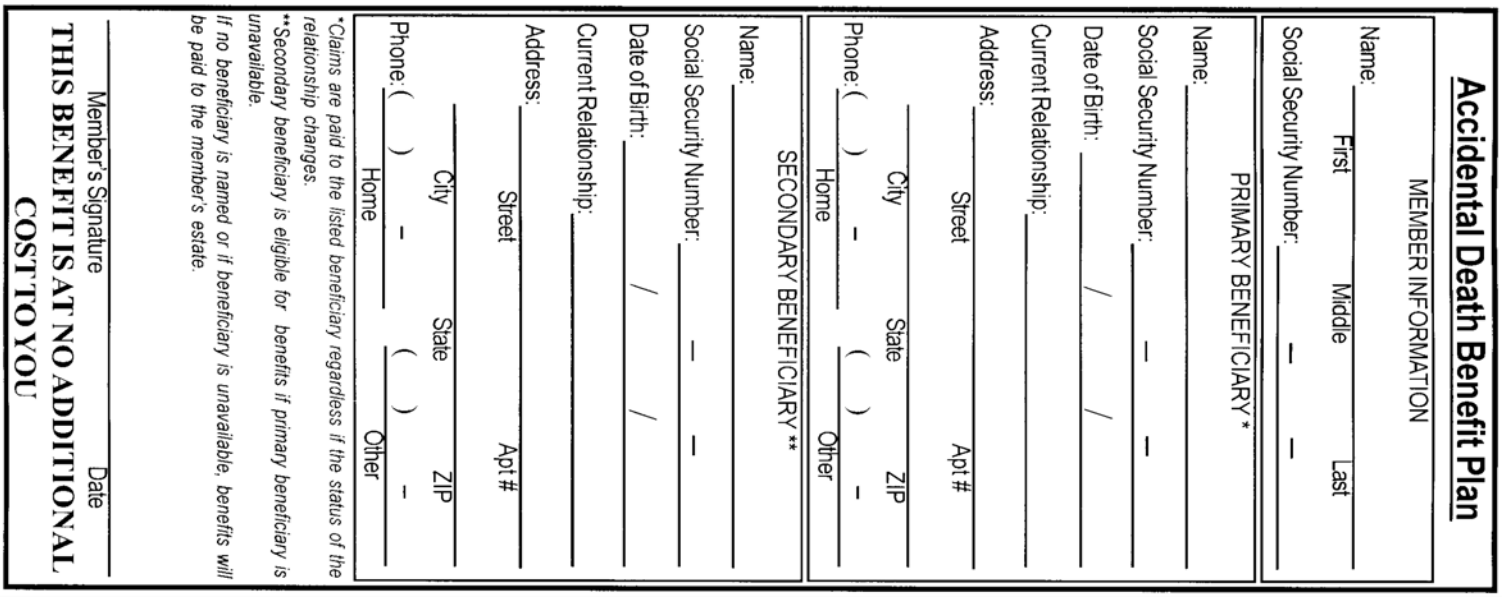
E-mail address (Personal E-mail's only) | Employing Agency/ Correctional Institution

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 if 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

AUTHORIZATION FOR PAYROLL DEDUCTION

(To be completed and signed by the employee in appropriate space; please print or type.)

Social Security Number	Name (Last, First, Middle Initial)
___–___–____	
Employee Number	**Institution/Division**

Employee's Authorization

I hereby authorize my employer to deduct from my salary the membership dues as established by the Southern States Police Benevolent Association, Inc. I understand that this amount will be deducted until 1) revoked by me at any time upon 30 days written notice to the employer, or 2) termination of my employment. I understand that dues are calculated by SSPBA and are subject to change periodically, and I therefore authorize the agency to adjust my payroll deduction as necessary. The deduction made pursuant to this authorization shall be transmitted to:

Southern States Police Benevolent Association, Inc.
2155 Highway 42 S, McDonough, GA 30252-7636
Telephone: (770) 389-5391 • 1-800-233-3506

$23.50 per month

My signature hereon is authorization to release my Social Security number in reporting dues deductions.

Employee's Signature:_____ **Date:** _____ **Phone:** _____

*Our dues include a $.50 per month voluntary contribution to our PAC fund. For inquiries, or to cancel this important contribution, call 1-800-233-3506.

Return all copies to Southern States Police Benevolent Association, Inc.

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