

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

