

# 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 RALEIGH

## SOUTHERN STATES POLICE BENEVOLENT ASSOCIATION PAYROLL DEDUCTION DUES AGREEMENT

EMPLOYEE NAME \_\_\_\_\_  
EMPLOYEE SOCIAL SECURITY # \_\_\_\_\_  
DEPARTMENT AND DIVISION \_\_\_\_\_  
  
EMPLOYEE TELEPHONE \_\_\_\_\_  
EMPLOYEE ALTERNATE TELEPHONE \_\_\_\_\_  
EMPLOYEE EMAIL ADDRESS \_\_\_\_\_  
  
ORGANIZATION ADDRESS 2155 Hwy 42 S, McDonough, GA 30252  
ORGANIZATION TELEPHONE 800-233-3506  
ORGANIZATION CONTACT PERSON JANICE GIBSON  
ORGANIZATION EMAIL ADDRESS jgibson@sspba.org

**ENROLLMENT FOR PROFESSIONAL DUES PAYROLL DEDUCTION**

THE CITY OF RALEIGH IS HEREBY AUTHORIZED TO MAKE A BIWEEKLY PAYROLL DEDUCTION FOR MY CURRENT DUES AMOUNT (SHOWN BELOW) AND REMIT SAID DUES MONTHLY TO THE SOUTHERN STATES POLICE BENEVOLENT ASSOCIATION OF WHICH I AM A MEMBER. I FURTHER UNDERSTAND THAT DUES ARE CALCULATED BY SOUTHERN STATES PBA AND ARE SUBJECT TO CHANGE PERIODICALLY, AND I THEREFORE AUTHORIZE THE CITY OF RALEIGH TO ADJUST MY PAYROLL DEDUCTION AS NECESSARY.

**CURRENT MONTHLY DUES** \_\_\_\_\_

**CANCELLATION OF PROFESSIONAL DUES PAYROLL DEDUCTION**

**NOTE: PAYROLL DEDUCTION AGREEMENT MUST BE RECEIVED IN THE PAYROLL OFFICE ON OR BEFORE THE 15TH OF THE MONTH FOR PAYROLL DEDUCTION OR CANCELLATION OF PAYROLL DEDUCTION OF PROFESSIONAL DUES TO BE EFFECTIVE THE 1ST PAYROLL OF THE FOLLOWING MONTH.**

\_\_\_\_\_  
CITY OF RALEIGH EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

Narley Cashwell Jr.  
President  
Raleigh Chapter NCPBA