

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: _____ Apt # _____
Street _____

City State ZIP
Phone: () - - () - -
Home _____ Other _____

SECONDARY BENEFICIARY**

Name: _____
Social Security Number: - - - -
Date of Birth: / /
Current Relationship: _____
Address: _____ Apt # _____
Street _____
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