

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 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 WINSTON-SALEM
PAYROLL DEDUCTION AUTHORIZATION
POLICE BENEVOLENT ASSOCIATION DUES

I hereby authorize the City of Winston-Salem Payroll Department to deduct the following from my paycheck for my membership in the Police Benevolent Association.

Start Deduction Deduct \$10.85 per bi-weekly pay period

I hereby request the City of Winston-Salem Payroll Department stop deducting the following from my paycheck. I have terminated my membership with the PBA or made other payment arrangements.

Stop Deduction Deduct \$ _____ per bi-weekly pay period

Employee Name: _____
(Please print FULL name)

Employee Number: _____ Department: Police

Effective Date: _____

Employee Signature: _____

Date: _____

(Please note should you terminate your membership or employment in the middle of a month, the PBA will be responsible for reimbursing overpayments.)

FORM SHOULD BE TYPED OR COMPLETED IN BLACK INK.