



**Application for Membership in  
The Maryland State Police Alumni Association, Inc.**

Date: \_\_\_\_\_ The membership category I am applying for is (circle the one that applies to you)  
Retired – Sworn - Widow - Associate and I hereby make application for membership in the MSPAA, Inc. See  
page 2 of this application for classes / definition of membership.

I joined the Maryland State Police in \_\_\_\_\_ and (select applicable) left their  
employment in \_\_\_\_\_ or retired on \_\_\_\_\_ and that I left the Department in  
good standing, through resignation or retirement, and disciplinary charges were not pending against me.  
NOTE: The paragraph above does not apply to Widow and Associate Memberships.

I presently reside at: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone No. (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Business phone No.: (\_\_\_\_) \_\_\_\_\_

I agree to conform to the By-Laws of the Association, to support its goals and objectives and to conduct  
myself in such a manner that it will reflect credit to the Association and uphold the high standards of our  
parent organization.

Signature \_\_\_\_\_ (Sign name in full)

Print Name \_\_\_\_\_ (Print name in full)

Note: Application must be signed by a member of the MSPAA, Inc. in good standing.

I am personally acquainted with the above applicant and I believe the statements contained herein to be  
true.

Signature of sponsoring member: \_\_\_\_\_ (Sign name in full)

\_\_\_\_\_ (Print name in full) Membership No. \_\_\_\_\_

NOTE: Only retired or former Troopers who are REGULAR Members of the MSPAA may sponsor new  
members.

Upon approval, a membership card will be issued. If disapproved, applicant will be notified.

Annual Dues: \$35.00 (January 1 through December 31 or any part thereof)

Complete this form and make your \$35.00 check out to the MSPAA, Inc. and mail it to:

Bob Smith 2910 Sunset Lane York, Pa. 17408