



PENNSYLVANIA STATE TROOPERS ASSOCIATION  
**IMMEDIATE RELIEF ASSOCIATION**

3625 VARTAN WAY  
HARRISBURG, PENNSYLVANIA 17110  
(800) 541-9934



**APPLICATION FOR MEMBERSHIP**

_____			_____	
Name			Date	
_____			_____	
Street Address			Station	
_____			_____	
City/Town	State	Zip Code	Date of Enlistment	
_____			_____	
Social Security Number			Date of Birth	
_____				
Telephone Number				

I, \_\_\_\_\_, am applying for membership in the Fraternal Order of Police Immediate Relief Association. Such application is being made in accordance with Article III of the Constitution of the Immediate Relief Association.

I am an active member of the Pennsylvania State Police and a member of F.O.P. Lodge #\_\_\_\_\_. I am less than sixty (60) years of age and applying for membership within the time limitations specified in the Bylaws of the Immediate Relief Association.

I hereby agree to be bound by the provisions of the above Article, in addition to any and all Bylaws of the Immediate Relief Association currently in effect or as amended in the future. I also agree to abide by any rule or regulation adopted pursuant to the Constitution and Bylaws, the Advisory Board, the Membership, or by a proper officer of this Association.

I hereby agree to pay a membership fee of \$5.00 and the monthly dues of \$10.00 to this Association.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Advisory Board Member's Signature