



American Association of State Troopers, Inc. Membership Application

APPLICANT	Name (Last)	(First)	(Middle)
	Mailing Address		City State Zip
Date of Birth / /	Social Security Number		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Agency		Rank	Troop/District
Home Phone (include area code)		Duty Station Phone (include area code)	
E-Mail Address			

SPOUSE	Name	Date of Birth / /	Social Security Number
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CHILDREN		
Child's Name	Date of Birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F
	/ /	<input type="checkbox"/> M <input type="checkbox"/> F

AFFIRMATION OF ELIGIBILITY

Membership status (Please choose one of the following.):

Active—Date of Employment _____ - _____ - _____

Retired—Service Dates _____ - _____ - _____ to _____ - _____ - _____ Total Years _____
To be considered for membership, application must be received by AAST within 12 months of your official retirement date.

Honorable Service
 Previously completed at least 10 continuous years — Service Dates _____ - _____ - _____ to _____ - _____ - _____ Total Years _____
To be considered for membership, application must be received by AAST within 12 months of leaving employment.

I certify that I am an active or retired state trooper or state police officer in the United States of America, or have completed a minimum 10 years of continuous service as such, and meet the qualifications for membership in the American Association of State Troopers.

Dues paid to the AAST are not tax deductible.

_____ **Signature**

SUBMITTING YOUR APPLICATION

Please attach a copy of your **state identification card or certificate of service** and payment in the amount of \$30 (payable to the American Association of State Troopers) and mail to: AAST, 1949 Raymond Diehl Road, Tallahassee, FL 32308.

Check enclosed Charge my credit card:

Visa MasterCard Discover American Express Amount Paid \$ _____

Card # _____ Expires ____/____/____ Cardholder's Signature _____