



American Association of State Troopers, Inc. Membership Application

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

SPOUSE	Name	Date of Birth / /
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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	
I am: <input type="checkbox"/> Active —Date of Employment _____ - _____ - _____	
<input type="checkbox"/> Retired—Service Dates _____ - _____ - _____ to _____ - _____ - _____ Total Years _____	
<input type="checkbox"/> Honorable Service— Service Dates _____ - _____ - _____ to _____ - _____ - _____ Total Years _____	
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 indicate payment method below and mail to: AAST, 1949 Raymond Diehl Road, Tallahassee, FL 32308.	
<input type="checkbox"/> Check enclosed (payable to the American Association of State Troopers)	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	Amount Paid \$ <u>35</u>
Card # _____ Expires ___/___	Cardholder's Signature _____