



NHRSTA
APPLICATION FOR MEMBERSHIP
New Hampshire Retired State Troopers Association

Name (Last) _____ (First) _____ (M) _____

Rank _____ ID # _____ (dob) _____

Street/Mailing Address _____

City/Town _____ (State) _____ (Zip) _____

Telephone _____ Email _____

Spouse _____

MEMBERSHIP REQUIREMENT

- A. Retired from the New Hampshire State Police under the New Hampshire Retirement System, or
- B. The surviving spouse of any member of this association.

DATES OF NHSP SERVICE (From) _____ (To) _____

DATE OF RETIREMENT _____ SS # _____

I certify that the above information is true to the best of my knowledge and belief. I further certify that my retirement was under honorable conditions.

Signature _____ (Date) _____

Mail application and a check for \$50.00 (annual dues) payable to NHRSTA to the address listed below.

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MEMBERSHIP COMMITTEE USE

Approved by: _____ (Date) _____

Mail to: NHRSTA c/o Kathy Kimball
25 Beaver Dam Rd., Antrim, NH 03440
Tel. 603-588-6189
Email: mailbox@NHRSTA.org