



MEMBERSHIP APPLICATION

APPLICANT

Date of Application

Name Last First Middle Initial

Address City State Zip Code

DOB Sex Home Number Cell Number

Duty Station (Troop / Section) Address Phone Number

Membership

____ Active Date of Employment _____
____ Retired Service Dates _____
____ Associate Service Dates _____
____ Supportive Service Dates _____

I certify that I qualify for membership in the **CENTRAL STATE TROOPERS COALITION OF LOUISIANA, INC** based upon written guidelines of which I am familiar.

Signature

Please mail your application, a copy of your state identification card or certificate of service to,
Central States Troopers Coalition of Louisiana
Post Office Box 66464
Baton Rouge, LA 70896

FOR OFFICE USE ONLY

					__ Yes __ NO		
Date Rec'd	State #	Membership #	Dues Rec'd	Check #	ID Enclosed	Expiration date	Package Mailed

_____ **Automatic Draft**

_____ **Monthly Payment**