



# 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**