



APPLICATION FOR MEMBERSHIP
ST. LOUIS POLICE VETERANS' ASSOCIATION
3710 HAMPTON AVENUE
ST. LOUIS, MO 63109
WWW.SLPVA.COM

NAME _____ DOB _____
HOME PHONE _____ CELL _____ E-MAIL _____
SPOUSE'S NAME _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
RANK _____ DATE OF APPOINTMENT _____
DATE RETIRED _____ OR DATE RESIGNED _____

ANNUAL DUES \$15.00

ONE TIME **APPLICATION** FEE \$2.00

Membership is open to all former commissioned St. Louis Metropolitan Police Officers who are of good moral character and were in good standing at the time of their retirement or separation. Commissioned officers shall include Police Officers, Turnkeys, Prison Guard and Chauffeurs.

No dues are required for members in the years following their 80th birthday **if they have been a dues paying member for the 15 years prior to their 80th birthday.**

Signature of Applicant _____ Date _____

Total payment due for new members is \$17.00

Complete the Withholding Authorization to have your dues deducted automatically from your January pension check beginning next January.

Bring this form, your dues payment, and the Withholding Authorization to a meeting of the SLPVA or mail to:

**ST. LOUIS POLICE VETERANS' ASSOCIATION
C/O DARLA J. GRAY SECRETARY/MEMBERSHIP
2238 AILESWICK DR.
ST. LOUIS, MO 63129**



ST. LOUIS POLICE VETERANS' ASSOCIATION DUES
WITHHOLDING AUTHORIZATION

I, _____ (print name) of
_____ (print address) hereby authorize
The Police Retirement System of St Louis (the "System") to withhold the total amount of
\$15.00 from my benefit received the first (1st business day of January each year, and to pay
said amount in January of each year to the St. Louis Police Veterans' Association (the "Association")
for my annual membership dues to the Association. I hereby represent, warrant and agree that the
information provided to the System by me and contained in this St. Louis Police Veterans'
Association Withholding Authorization (the "Authorization") is accurate and complete and that I
will give the System written notice of any change in that information. I, on behalf of myself, my
Joint accountholders, our heirs, successors and assigns, if any, hereby release the System, it's Board
of Trustees, officers, employees and agents from any liability, claim, loss, or cause of action resulting
from or arising out of the System's honoring of this Authorization until the Authorization is terminated
or canceled by me in writing as set out below.

I understand, acknowledge and agree that I may terminate or cancel this Authorization at any time
upon fourteen (14) days prior with written notice to The Police Retirement System of St Louis,
2020 Market Street, St. Louis, Missouri 63103, with a copy sent to St. Louis Police Veterans'
Association, 3710 Hampton, St. Louis, Missouri 63109. For the purposes of this Authorization, notice
shall be deemed given upon receipt of the same by the System at the above address.

Signature _____ Date _____

Print Name _____ Social Security No. XXX-XX-_____

Starting with the check received the first (1st business day of January, 20__

Bring completed form to an SLPVA meeting or mail to:

ST. LOUIS POLICE VETERANS' ASSOCIATION
C/O DARLA J. GRAY, SECRETARY/MEMBERSHIP
2236 AILESWICK DR.
ST. LOUIS, MO 63129