

St. Paul Police Retirement Association

PO Box 7398, Saint Paul, MN 55107-0398 Email: sppra.secretary@gmail.com

APPLICATION FOR MEMBERSHIP

New Member

		Renewing Membe	er		
	Date				
Name					_
	First	MI	Last		
Date of	Birth				_
Spouse					
	First	MI	Last		
Address	Ctroot	City	State		_
Home T	elephone				_
Cell Tele	ephone				_
Years Served		to			_
Complimentary Members You must pay due AUTHORIZATION I, the undersigned, hereby in Minnesota (PERA) to deduct amount as certified by the Seach January until my SPPRA	FOR SPPRA request and au from my PERA t. Paul Police R	ollowing years if no MEMBERSHI thorize the Publi retirement annui etirement Associa	ot collecting P DUES - C Employee ty, the curre ntion (SPPR)	your PE PERA Ses Retire ent annu A). The G	RA pension DEDUCTION Ement Association of ual membership dues deduction shall occur
PERA Member Name:		(printed)			
Last Four Digits of Social Sec	urity #: XXX - XX	(re	quired by Pl	ERA)	
Signature:			_ Date: _		

Current dues amounts are \$30 per year for police retirees; \$10 per year for survivors. There are no additional fees charged to members for this service.

If you prefer, you may pay dues manually by check or online at https://sppra.org/.
Notice: Membership dues are not deductible for federal income tax purposes.

Download this attachment, then print document from Downloads folder. Complete, photo/scan & attach to email to sppra.secretary@gmail.com or Complete, print & mail to: SPPRA at PO Box 7398, Saint Paul, MN 55107-0398