



St. Paul Police Retirement Association

PO Box 7398, Saint Paul, MN 55107-0398

Email: sppra.secretary@gmail.com

APPLICATION FOR MEMBERSHIP

New Member

Renewing Member

Date _____

Name _____
First MI Last

Date of Birth _____

Spouse _____
First MI Last

Address _____
Street City State Zip

Email _____

Home Telephone _____

Cell Telephone _____

Years Served _____ to _____

AUTHORIZATION FOR SPPRA MEMBERSHIP DUES - PERA DEDUCTION

I, the undersigned, hereby request and authorize the Public Employees Retirement Association of Minnesota (PERA) to deduct from my PERA retirement annuity, the current annual membership dues amount as certified by the St. Paul Police Retirement Association (SPPRA). The deduction shall occur each January until my SPPRA membership ceases or notice is given in writing to the SPPRA Secretary.

PERA Member Name: _____ (printed)

Last Four Digits of Social Security #: XXX - XX - ____ ____ (required by PERA)

Signature: _____ Date: _____

Current dues amounts are \$20 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.