

Iowa State Police Association

Application for Membership

The undersigned respectfully makes application for membership in the Iowa State Police Association, subject to all the Rules, By-Laws and Constitution of said Association.

This Form Must Be Filled Out Completely.
(PLEASE PRINT ALL INFORMATION LEGIBLY)

ISPA Local # _____

ISP Post _____

Name _____
(Please print legibly) Last First MI
Department _____ Rank _____

Home Address _____

City _____ County _____ State _____ Zip _____

Date of Birth _____ Date of appointment as a peace officer _____

As my beneficiary I name _____

Relationship _____ Address _____

City _____ State _____ Zip _____

Dues Enclosed \$ _____ (\$40 – Enclose check paid to Iowa State Police Association)

Have you ever been a member? ()No ()Yes When? – Date _____ Local _____

Applicants Phone _____ Email _____

Date of this application _____ Signature _____

Mail completed form to:

Iowa State Police Association
PO Box 1615
Des Moines, IA 50305-1615

Email to: ispaonline@gmail.com