

**N H R S T A**  
**APPLICATION FOR MEMBERSHIP**

NAME \_\_\_\_\_  
Last First M Rank

ADDRESS \_\_\_\_\_  
Street City State Zip

TELEPHONE: \_\_\_\_\_ email: \_\_\_\_\_ DOB \_\_\_\_\_

SPOUSE \_\_\_\_\_  
Last First

Membership Requirement

- A. Retired from the New Hampshire State Police under Group II of the New Hampshire Retirement System; or
- B. The surviving spouse of any member of this Association.

DATES OF SERVICE IN GROUP II \_\_\_\_\_  
From To

DATES OF SERVICE NHSP \_\_\_\_\_  
From To

DATE OF RETIREMENT \_\_\_\_\_ SS# \_\_\_\_\_

TYPE OF RETIREMENT: REGULAR \_\_\_\_\_ DISABILITY \_\_\_\_\_

OTHER: (SPECIFY) \_\_\_\_\_

I certify that the above information is true to the best of my knowledge and belief. I further certify that my retirement under Group II was under honorable conditions.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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Membership Committee Use

Approved by: \_\_\_\_\_ DATE \_\_\_\_\_

Mail with \$50.00 (dues) to: NHRSTA  
PO Box 848  
Concord, NH 03302-0848