



**NHRSTA**  
**APPLICATION FOR MEMBERSHIP**  
**New Hampshire Retired State Troopers Association**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M) \_\_\_\_\_

Rank \_\_\_\_\_ (dob) \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Spouse \_\_\_\_\_

**MEMBERSHIP REQUIREMENT**

- A. Retired from the New Hampshire State Police under the New Hampshire Retirement System, or
- B. The surviving spouse of any member of this association.

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

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

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

Signature \_\_\_\_\_ (Date) \_\_\_\_\_

**Mail application and a check for \$50.00 (annual dues) payable to NHRSTA to the address listed below.**

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**MEMBERSHIP COMMITTEE USE**

Approved by: \_\_\_\_\_ (Date) \_\_\_\_\_

Mail to: NHRSTA c/o Campbell  
PO Box 248, New Boston, NH 03070-0248  
Tel. 603-487-5510  
Email: mailbox@NHRSTA.org