



Connecticut State Police Academy Alumni Association

Organized January 1972

www.cspaaa.com www.cspmuseum.com info@cspaaa.com

Application for Membership

Membership Requirements:

Applicants have been, or are, **sworn members** of the Connecticut State Police Department; Applicants have been, or are, **civilian members** of the Connecticut State Police Department, *with five years of service*; Applicants have been, or are, **Auxiliary State Troopers**, *with five years of service*.

Applicant's Name: _____ CSP ID #: _____
Spouse's Name: _____ Home Phone: _____
Address: _____
Zip + 4: _____ Email Address: _____

Trooper's Application

Date entered CSP Academy: _____ Graduation Date: _____
If ACTIVE, present duty assignment: _____ Rank: _____
If RETIRED, date of retirement: _____ Rank: _____
If RETIRED, last Duty Assignment: _____
Academy Class #: _____

Civilian Application

Date entered service with CSP: _____ Present Assignment: _____
If RETIRED, date of retirement: _____ Last CSP Assignment: _____

Auxiliary Trooper's Application

Date entered service with CSP: _____ Troop Assignment: _____
IF NOT active, date of separation: _____ Reason: _____
Sponsor's Signature: _____ Sponsor's Name (Print): _____

Membership Fee/Annual Dues are \$15.00 each year – Payable each year on July 1st
(Membership fee must be submitted with application – Dues may be paid for as many years as you want to pay in advance - Make check payable to: **CSPAAA**)

Return to: **CSPAAA**

C/O – CSPAAA Treasurer
PO Box 1945
Meriden, CT 06450-0899

Applicant's Signature
Date Submitted: _____
Date approved for membership _____

***** (For CSPAAA Use Only) *****

Check # _____ Date Paid _____
Approved for membership: Yes ___ No ___
Approved/Denied By (Signatures): _____