



**APPLICATION FOR MEMBERSHIP  
ST. LOUIS POLICE VETERANS' ASSOCIATION  
3710 HAMPTON AVENUE  
ST. LOUIS, MO 63109  
WWW.SLPVA.COM**

**NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**SPOUSE'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**RANK** \_\_\_\_\_ **DATE OF APPOINTMENT** \_\_\_\_\_

**DATE RETIRED** \_\_\_\_\_ **OR DATE RESIGNED** \_\_\_\_\_

**ANNUAL DUES \$15.00      ONE TIME APPLICATION FEE \$2.00**

**No dues are required for members in the years following their 80<sup>th</sup> birthday if they have been a dues paying member for the 15 years prior to their 80<sup>th</sup> birthday.**

**Membership is open to all former commissioned St. Louis Metropolitan Police Officers who are of good moral character and were in good standing at the time of their retirement or separation. Commissioned officers shall include Police Officers, Turnkeys, Prison Guard and Chauffeurs.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Total payment due for new members is \$17.00**

**Complete the Withholding Authorization to have your dues deducted automatically from your January pension check beginning next January.**

**Bring this form, your dues payment, and the Withholding Authorization to a meeting of the SLPVA or mail to:**

**ST. LOUIS POLICE VETERANS' ASSOCIATION  
C/O SLPOA  
3710 HAMPTON AVENUE  
ST. LOUIS, MO 63109**



**ST. LOUIS POLICE VETERANS' ASSOCIATION  
WITHHOLDING AUTHORIZATION**

I, \_\_\_\_\_ (print name)  
of \_\_\_\_\_ (print address) hereby  
authorize The Police Retirement System of St. Louis (the "System") to withhold the total  
amount of \$15.00 from my benefit received the first (1<sup>st</sup>) business day of January each  
year, and to pay said amount in January of each year to the St. Louis Police Veterans'  
Association (the "Association") for my annual membership dues to the Association. I  
hereby represent, warrant and agree that the information provided to the System by me  
and contained in this St. Louis Police Veterans' Association Withholding Authorization  
(the "Authorization") is accurate and complete and that I will give the System written  
notice of any change in that information. I, on behalf of myself, my joint accountholders,  
our heirs, successors and assigns, if any, hereby release the System, its Board of  
Trustees, officers, employees and agents from any liability, claim, loss, or cause of  
action resulting from or arising out of the System's honoring of this Authorization until  
the Authorization is terminated or canceled by me in writing as set out below.

I understand, acknowledge and agree that I may terminate or cancel this Authorization  
at any time upon fourteen (14) days prior with **written** notice to The Police Retirement  
System of St. Louis, 2020 Market Street, St. Louis, Missouri 63103, with a copy sent to  
St. Louis Police Veterans' Association, 3710 Hampton, St. Louis, Missouri 63109. For  
the purposes of this Authorization, notice shall be deemed given upon receipt of the  
same by the System at the above address.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Starting with the check received the first (1<sup>st</sup>) business day of January, 20\_\_\_\_\_.

Bring completed form to an SLPVA meeting or mail to:

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C/O SLPOA  
3710 HAMPTON AVENUE  
ST. LOUIS, MO 63109