

**MAIL TO:**

VIRGINIA STATE POLICE ALUMNI, INC.  
2210 Founders View Lane  
Midlothian, VA. 23113

**GOAL OF THE VIRGINIA STATE POLICE ALUMNI**

To form a body of persons formerly SWORN or EMPLOYEE of the Virginia State Police, to unite its members in the closest bond of good fellowship, and to promote a closer social union among them. It shall remain a fraternal organization without political aspirations.

**PLEASE PRINT LEGIBLY**

LAST NAME	FIRST NAME	MIDDLE NAME	NICKNAME
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ADDRESS – STREET OR P. O. BOX	CITY OR TOWN	STATE	ZIP
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DATE OF BIRTH	SPOUSE NAME	(AREA CODE) PHONE NO.	E-MAIL ADDRESS
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EMPLOYED AS: ☐ SWORN EMPLOYEE OR ☐ CIVILIAN EMPLOYEE OF THE DEPARTMENT OF STATE POLICE  
(CHECK APPROPRIATE BOX)

FROM: MONTH/YEAR TO: MONTH/YEAR

STATIONS / DUTY POSTS:

PRESENT EMPLOYER	POSITION	BUSINESS PHONE
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BUSINESS ADDRESS – STREET OR P. O. BOX	CITY OR TOWN	STATE	ZIP
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I certify that I did not retire, resign or leave the Department of State Police under circumstances which are contrary to the best interests of the Virginia State Police Alumni, Inc.

DATE: SIGNATURE:

**Annual Dues - \$25.00****Initiation Fee - \$10.00**

Annual dues are payable on or before January 1 each year.  
If applicant is not acceptable for membership, all payments will be refunded.

**NOTE: Dues and Initiation Fee must accompany this application.**