



RETIRED TROOPERS ASSOCIATION (RTA) APPLICATION

NAME _____ DATE OF SP ENLISTMENT _____

ADDRESS _____
Street City/Town State Zip code

SECOND ADDRESS _____
Street City/Town State Zip Code

DOB ___/___/___ SOCIAL SECURITY # ___/___/___

CELL PHONE (___) _____ EMAIL ADDRESS _____

HOME PHONE (___) _____ WORK PHONE (___) _____

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SURVIVOR _____ SS # _____

ADDRESS _____

RELATIONSHIP wife / husband (circle one)

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RETIREMENT DATE _____ **TOTAL YEARS SERVICE** _____

RANK @ RETIREMENT _____ **% OF COLLEGE INCENTIVE** _____

TYPE OF PENSION: Regular _____ Disability _____
Circle one

**Dues are \$250.00 per year. MAKE CHECKS PAYABLE TO
"RETIRED TROOPERS ASSOCIATION" AND MAIL TO:**

**RETIRED TROOPERS ASSOCIATION
P.O. Box 220
GROVELAND, MA., 01834**

Dues _____
Office only date rec'd

ASSOC. PHONE (978) 521-2977 Email: Graihall@aol.com