

NC Highway Patrol State Auxiliary

Primary Objective: "To aid and assist, promote fellowship, and create a bond among the families of the NCSHP."

Membership Form

Membership is open to the spouse of any trooper whether active, retired, or deceased.

Name: _____

Address: _____

Home Phone: _____

Cell/Work: _____

E-Mail Address: _____

Date of Birthday: _____ Date of Anniversary: _____

Spouse's Name: _____

Troop/District: _____

(If active, the Troop/District is the first letter and number in your spouse's call number. If retired, the Troop/District is where you live or to which Troop/District you wish to be attached.)

Please Indicate: _____ First Time Member _____ Previous Member

Dues are \$20.00 per year due on January 1st.

First time members: Do not pay up front. Dues payable on January 1 of next calendar year.

*** Please make check payable to NCHPSA.

Mail completed form to:

Cindy Collie
NCHPSA Treasurer
2972 Mattie Florence Dr.
Graham, NC 27253

Signature: _____ Date: _____