

# 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 \$25.00 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: \_\_\_\_\_