

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

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

Name: _____

Address: _____

Home Phone: _____

Cell/Work: _____

E-Mail Address: _____

Spouse's Name: _____

Troop/District: _____

(If active the Troop/District is the first letter and number in your spouses' call number.)

Please Indicate:

_____ First Time Member _____ Previous Member

Dues are \$15.00 per Year due on January 1st.

***** Please make checks payable to NCHPSA.**

Mail completed form to:

Marcia Culler

NCHPSA Treasurer

409 Turnberry Drive

Mebane, NC 27302