



Membership Application
Florida Association of State Troopers
 2061 Delta Way #1
 Tallahassee, Florida 32303-4227
 1-800-873-2781 Fax 850-681-6869
 www.fastinc.org

For Office Use Only DATE RECEIVED	
Check #	\$
Membership #	

PLEASE PRINT

Name: Last First Middle Initial Present Rank

Address City/ State Zip Code: (+4 digits, if known)

Mailing Address (If different from above) City/ State Zip Code: (+4 digits, if known)

MEMBER INFORMATION

Home Telephone	Social Security Number (For Insurance Purposes Only)	Gender	Date of Birth
Duty Station	Troop	Work Telephone	Date Employed
Pager Number	Cellular Number		

If you would like to contact FAST via On Line, our e-mail address is postmaster@fastinc.org. If you would like to be added to FAST's mailing list, submit your internet address.
 E-Mail Address _____ @ _____

Employment Status: Active Dues are \$240/yr Auxiliary Dues are \$240/yr Retired Dues are \$60/yr
 Check One

BENEFICIARY

Beneficiary Name	Relationship	Date of Birth
Beneficiary Address	City/ State	Zip Code: (+4 digits, if known)
Social Security Number (For Insurance Purposes Only)	Home Telephone	Work Telephone

FAST provides payment options for annual dues. *Please check one:*

Active Members:	FHPA (& Reserve) Members:	Retired Members:
Full Year (\$240) <input type="checkbox"/>	Full Year (\$240) <input type="checkbox"/>	Full Year (\$60) <input type="checkbox"/>
Bank Draft (\$20 per month) <input type="checkbox"/>	Bank Draft (\$20 per month) <input type="checkbox"/>	Drafts - <input type="checkbox"/>

Submit \$20.00 first month dues & a voided check from account to be drafted; or provide bank routing and account #s.

DUES PAYMENT

Credit Card Payment Option	CREDIT CARD NUMBER	Verification # _____
<input type="checkbox"/> VISA 13 or 16 digits	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	EXP. DATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> MASTERCARD 16 digits	SIGNATURE _____	
<input type="checkbox"/> DISCOVER		

SERVICES

I am interested in receiving information on the following special discounted services and programs:

Simple Will (no charge) Simple Will (Spouse)

SIGNATURE

I CERTIFY THAT I AM CURRENTLY EMPLOYED AS A FLORIDA STATE TROOPER; AN AUXILIARY FLORIDA TROOPER; A RESERVE FLORIDA TROOPER OR A RETIRED FLORIDA TROOPER.

Signature: _____ Date: _____