



**ILLINOIS STATE POLICE HERITAGE FOUNDATION
MEMBERSHIP APPLICATION**

**PAYROLL DEDUCTION AUTHORIZATION
STATE OF ILLINOIS – DEPARTMENT OF STATE POLICE**

Name _____
Last _____ First _____ M. _____ ID/PID _____

Address _____
Street _____ City _____ State _____ ZIP _____

Telephone _____ **Date of Birth** _____ **Cadet Class #** _____
(sworn)

Email Address _____

Active Duty Employees complete Part A.

Retired ISP Employees complete Part B.

Please email completed form to ISPHF Treasurer

information@isphf.org

Part A: Active Duty Employees ISPHF Membership / Comptroller Deduction Code 099

Name Last _____ First _____ M. _____ ID/PID _____
Social Security Number (last 4) _____ **Effective Date** _____

Deduction Amount Per Check:

I hereby authorize a deduction in the amount certified as the current rate of deduction to be withheld from my pay in accordance with the State Salary and Annuity Withholding Act to be forwarded to the Illinois State Police Heritage Foundation.

Signature _____ **Date** _____

Part B: Retired ISP Employees ISPHF Membership / Comptroller Deduction Code 099

Name Last _____ First _____ M. _____ ID/PID _____
Address _____ **City** _____ **State** _____ **ZIP** _____
Social Security Number (last 4) _____ **Effective Date** _____

Deduction Amount Per Check:

I hereby authorize the State Employee's Retirement System (SERS) to deduct from my pension check dues for the Illinois State Police Heritage Foundation to be forwarded to the Illinois State Police Heritage Foundation

Signature _____ **Date** _____