



UTAH HIGHWAY PATROL ASSOCIATION ENROLLMENT APPLICATION

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ Personal Email: _____

DPS Hire Date: _____ DPS Employee ID Number: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

1st Beneficiary: _____ Relationship: _____

2nd Beneficiary: _____ Relationship: _____

3rd Beneficiary: _____ Relationship: _____

4th Beneficiary: _____ Relationship: _____

I hereby authorize my employer to make the necessary deduction from my wages or salary for the contributions, if any, required of me to be paid to the treasurer of the UHPA as dues. In no event shall the \$15.00 (Fifteen Dollars) deduction exceed one such deduction per pay period.

Signature of Member: _____ Date: _____

I understand that I have to be a member of the UHPA for ten years before I can receive a retirement check. Upon retirement or honorable termination of employment I may be paid, at the discretion of the Board, \$1,000 at ten years of membership and \$100 for every year thereafter until twenty years. If I retire after twenty years of membership, I will receive \$2,000 plus \$1 per member over four-hundred members.

Initials of Member

Signature of UHPA Secretary

Date

Human Resources