

**Texas Department of Public Safety  
Officers Association Auxiliary**

**2010  
ACTIVE MEMBERSHIP**

Membership Type (circle one)                      **New**                      **Renewal**                      **Lifetime**

Name: \_\_\_\_\_                      Spouse Name: \_\_\_\_\_

Service: \_\_\_\_\_                      THP Region: \_\_\_\_\_

Auxiliary District Representative \_\_\_\_\_

Recruited By: \_\_\_\_\_

DPSOA Membership Status of Spouse (circle one)   **Active**      **Retired**      **Deceased**

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**Member Contact Information**

Mailing Address: \_\_\_\_\_                      City: \_\_\_\_\_

County: \_\_\_\_\_                      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_                      Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday: \_\_\_\_\_

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**Annual Dues: \$25.00**                      **Payable on or before Renewal Date: January 1<sup>st</sup>**

**Lifetime Members** – please submit this completed form to update your information to:

**Active or Renewal Members** – please submit this completed form and \$25.00 to:

**Laura West  
DPSOAA Treasurer  
PO Box 61033  
San Angelo, TX 76906**

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|-------------------------|
| <i>For Internal Use</i> |
| <i>Received</i> _____   |
| <i>Payment</i> _____    |