



Texas System Police Association

PO BOX 195381
Dallas, Texas 75219
State Office: 214-244-7278

Request for Member's Benefits

Applicant Information

Member's Number: _____ Date: _____

Member's Name: _____
Last First M.I.

Service Requested: _____

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Firearm/Equip. | <input type="checkbox"/> Legal | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Death | <input type="checkbox"/> Payroll | <input type="checkbox"/> Emergency Relief |

Reason Benefits are requested:

Additional Comments:

Member's Signature Date

For Official use by TSPA

Reference Number: _____ TSPA Rep. Assigned: _____

Executive Board Member Signature Date

Request Disposition

Remarks: _____

Status of Request: Accepted Declined