



**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 LeAnn Shirley [isphf123@gmail.com](mailto:isphf123@gmail.com)

**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**