



OHIO STATE HIGHWAY PATROL  
RETIREES' ASSOCIATION  
1900 POLARIS PKWY, SUITE 201  
Columbus, Ohio 43240-4037  
[www.oshpretiree.org](http://www.oshpretiree.org)

Dear Retiree:

Below is a dues deduction authorization form for membership. The \$1.00 per month deduction for dues will begin the month following receipt of the authorization form, and your active membership will continue unless and until written notice is received by the Retirement System withdrawing the authorization.

Your Retirees' Association membership is an excellent way to stay in touch with fellow retirees and active Patrol members, through participation in District functions, quarterly association meetings, the annual dinner meeting in October, the Snowbird and Sunbird Reunions. The association also actively supports the OSHP Retirement System as it endeavors to provide the best possible benefits and service to retirees.

Your membership also qualifies you to access the "Members Only" section of our website and for participation in the automated notification system (One Call Now) so you receive timely notification of serious illnesses or deaths of our members or spouses. We have a great association and fellowship, and I urge you to become a member and actively participate in association activities.

If you have any questions about the dues deduction process or wish to discuss any other matter, please do not hesitate to contact me.

Sincerely:  
Retired Major Robert W. Booker  
Association President  
[rbooker001@hotmail.com](mailto:rbooker001@hotmail.com)  
614.206.8707

(Detach and return to HPRS)

### AUTHORIZATION FOR OSHP RETIREES' ASSOCIATION DUES DEDUCTION

Name:		Phone:	
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I hereby authorize the HIGHWAY PATROL RETIREMENT SYSTEM to deduct \$1.00 per month from my monthly benefit check effective \_\_\_\_\_ to be forwarded to the Ohio State Highway Patrol Retirees' Association for my membership dues (\$12.00 per year). I understand this deduction will maintain my Retirees' Association membership in good standing and will continue until a written cancellation request is received by HPRS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ If no email address you will receive a phone call.

Office Use:	Unit #:		Start Date:		Added to One Call:		Packet Mailed:		Check Deduction:	
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