



Association of Retired Delaware State Police, Inc.
Application

Date: _____

Full Name, Rank, & IBM: _____

Complete Address: _____

Email Address: _____

Home & Cell Phone Number: _____

**Date of Appointment &
Recruit Class Number:** _____

Date of Retirement: _____

Assignment at Retirement: _____

Date of Birth: _____

New Occupation: _____

Spouse Full Name (if applicable): _____

Status (New or Reinstatement): _____

Signature of Applicant: _____

Committee Action: Is Approved _____ Is Not Approved _____

DATE: _____

Make your check out to the ARDSP and mail it along with your application to:
ARDSP
PO Box 168
Cheswold, DE 19936-0168

Initiation fee of \$5.00 plus first years dues of \$24.00 = \$29.00 total
must accompany this application.