



## Membership Application

P.O. Box 1191

Central Islip, New York, 11722

Tel: 646-891-2016, Fax: 646-891-2060, Toll free: 877-738-8330

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Rank:** \_\_\_\_\_ **Facility:** \_\_\_\_\_ **Date of Appointment:** \_\_\_\_\_

**Shield:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Federal** \_\_\_\_\_

**Type of membership:** \_\_\_\_\_ **Active/Non-Uniform** \_\_\_\_\_ **Retired** \_\_\_\_\_ **Renewal** \_\_\_\_\_

### Committee(s) you wish to serve on:

Fundraising \_\_\_\_\_ Membership \_\_\_\_\_ Grievance \_\_\_\_\_ Mentoring \_\_\_\_\_

Legislative \_\_\_\_\_ Education \_\_\_\_\_ Web/Technology \_\_\_\_\_ Newsletter \_\_\_\_\_



Date dues received: \_\_\_\_\_ Active/ non-Uniform \$25.00 Retiree 15.00

Officer signature: \_\_\_\_\_ Member signature: \_\_\_\_\_