

MEMBERSHIP APPLICATION - RETIRED SERGEANTS ASSOCIATION POLICE DEPARTMENT, CITY OF NEW YORK



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NAME		CIT	OB / /	_TAX #	SPOUSE	
ADDRESS			CITY		STATE	ZIP
COUNTY	_ HO <mark>ME</mark> #(CELL#()	
EMAIL (Please print clearly) _			SA	<u>5</u>		
LAST COMMAND			DATE PROMO	TED/_/	_ DATE RETIRE	D/_/_
☐ CHECK BOX IF ANY INFORMATION HAS CHANGED ☐ NEW MEMBER ☐ RENEWAL \$25.00 DUES ☐ \$5.00 VOLUNTARY DONATION						
MAKE CHECKS PAYABLE TO RETIRED SERGEANTS ASSOCIATION TO PAY BY PAYPAL OR CREDIT CARD, VISIT OUR WEBSITE T CHECK# AMOUNT						