



APPL. # _____
OFFICIAL USE ONLY

APPLICATION FOR MEMBERSHIP

Please print or type all information

DATE OF APPLICATION	TYPE OF MEMBERSHIP <input type="checkbox"/> Active <input type="checkbox"/> Associate	SOCIAL SECURITY NUMBER — —
NAME (last, first, middle)	<input type="checkbox"/> Honorary	DATE OF BIRTH
HOME ADDRESS	TOWN	ZIP
EMPLOYED BY		BENEFICIARY (name and DOB) Primary: Contingent:
EMPLOYMENT ADDRESS		HOME PHONE NUMBER
PHONE #		TITLE OR RANK
DATE OF EMPLOYMENT		
CONVICTED OF A CRIME <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, GIVE PARTICULARS	HAVE YOU FILED PRIOR <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE		

THE ABOVE APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

(signature)

MEMBER PROPOSED BY: (type in name and provide signature below.)

PAYROLL DEDUCTION AUTHORIZATION: (Suffolk County Employees only)

Subject to the terms and conditions set forth in Resolution No. 678 - 1968 adopted by the Suffolk County Board of Supervisors and in all resolutions amendatory or supplemental thereto now in existence or hereafter adopted, to which terms and conditions I consent and agree, I hereby authorize the County of Suffolk to deduct in each regular payroll from my salary or wages, the sum of three dollars (\$3.00) bi-weekly for Active Membership or three dollars and sixty-nine cents (\$3.69) bi-weekly for Associate Membership, and to pay over said

sum to the Police Association of Suffolk County, Inc., as described in such resolution or resolutions. I also agree to dues increases approved by Amendment to the By-Laws.

This authorization shall terminate and cease when written notice has been received by the Financial Secretary of the Police Association of Suffolk County, Inc. at least five (5) weeks prior to the next succeeding fiscal year, revoking and canceling same.

This shall apply only to approved members of the Police Association of Suffolk County, Inc.

Signature of Employee: _____

Date: _____

Please Mail completed form to:

Police Association of Suffolk County, Inc.

PO Box 146

Yaphank, New York 11980