

Please print out application on page  
2 and then mail to address on top  
of form

*Police Association of Suffolk County, Inc.*



**MICHAEL J. THOMPSON**, Secretary  
P. O. Box 146, Yaphank, New York 11980

Dear

I understand that you have recently retired, and as an Active Member in good standing of this Association, you are eligible for certain benefits.

You are eligible for consideration by the Board of Directors for retirement financial Assistance in the amount of \$25.00 for each year of continuous Active Membership not to exceed a total amount of \$500.00.

If you have been an Active Member in good standing for 15 consecutive years or more prior to your retirement or are retired on disability, you are also eligible for "Life Membership" which maintains your Active Membership exempt from further dues. If you are not an Active Member in good standing for fifteen consecutive years or more prior to your retirement or are not retired on disability, you will no longer be eligible for membership in this organization.

I have enclosed a form for your completion. Please have it notarized and return it to me at the above address at your earliest convenience. Thank you for your cooperation.

Sincerely,

Michael J. Thompson  
Secretary

Police Association of Suffolk County, Inc.



MICHAEL J. THOMPSON, Secretary  
P. O. Box 146, Yaphank, New York 11980

I, \_\_\_\_\_ do hereby  
notify the Board of Directors and the membership of the Police Associa-  
tion of Suffolk County, New York, Inc., that I have been an Active Member of the  
Association for \_\_\_\_\_, and will, or have retired from the  
*(number of years)*

\_\_\_\_\_ on \_\_\_\_\_  
*(Name of Department)* *(date)*

Upon my retirement, it is my desire to accept financial assistance in the amount  
of \$25.00 for each year of my continuous Active Membership in the Association  
not to exceed a total amount of \$500. I fully understand that the financial  
assistance is made at the discretion of the Board of Directors and that upon my  
acceptance of the designated amount, there will be no further financial  
assistance to me, my estate, or any of my heirs, or beneficiaries previously named  
by me.

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Present Mailing Address)*

The above named \_\_\_\_\_

did appear before me this \_\_\_\_\_  
*Date Month Year*

\_\_\_\_\_  
*Notary Public*