



NEW YORK STATE PARK POLICE BENEVOLENT
ASSOCIATION, INC.
APPLICATION FOR MEMBERSHIP

Name _____

S.S. No. _____ Gender _____

Address _____

Town _____ State _____ Zip Code _____

Date of Birth _____ Rank _____

Shield # _____ Appointment Date _____

Phone _____

Beneficiary _____ Beneficiary Gender _____

Relationship _____ Date of Application _____

is understood that the undersigned in filing this application is in accord with the principles advanced in the Constitution and By-Laws and hereby agrees to advocate and endorse the goals and ideals sought through membership in the NATIONAL ASSOCIATION OF POLICE ORGANIZATIONS (NAPO), NEW YORK STATE ASSOCIATION OF P.B.A.'S, WESTERN NEW YORK POLICE ASSOCIATION IN. It is further understood and agreed that membership dues shall be paid by applicant to Treasurer of said organization at the rate of \$75.00 per year payable January 1st of each year. (Retired dues \$35.00)

Email Address

Signature of Applicant