

Association of Former New York State Troopers, Inc.
Application for Membership (Please Print or Type)

Name: _____ D.O.B. ____ / ____ / ____

Address: _____

City: _____ Zip: _____ Phone: _____

Email: _____ Spouse/Significant Other: _____

Joined Div. of S.P. _____ Served in Troop(s) _____

Retired or Resigned from Troop _____^{Date} as a _____^{Rank} Date _____

Have you ever been a member or made application for membership to any chapter of this Assoc. _ yes or no.

If yes, what chapter _____ date _____. Are you applying for reinstatement _____?

If this application is approved, and I am accepted for membership in this Assoc., I hereby agree that my membership and incidents thereof shall be governed by the constitution & the By-Laws of this Assoc. & respective Chapter.

Applicant's Name _____ Application Date _____

Sponsored By _____ Member of _____ Chapter

Complete in duplicate - 1 copy for Association Secretary - 1 copy for Chapter

MEMBER

MEMBERSHIP RENEWAL NOTICE

WIDOW

LIFE MEMBER

**Association of Former NYS Troopers
Niagara Frontier Chapter**

ASSOC.

Name _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Additional Contact _____ Relationship _____

Phone _____

E-mail _____

Make checks payable to:

Niagara Frontier Chapter AFNYST • PO Box 328 • Cheektowaga, NY 14225-0328

Annual dues are \$15.00

One-time initiation fee is \$1.00

Mail completed application with a check for \$16.00, payable to **Niagara Frontier Chapter AFNYST** to:

Niagara Frontier Chapter AFNYST
PO Box 328
Cheektowaga, NY 14225-0328