

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

Please add any additional information (winter address, additional phone, special details, etc) or comments below:

Annual dues are \$20.00

One-time initiation fee is \$1.00

Monthly meetings are held on the first Thursday of each month

Mail completed application with a check for \$21.00, payable to AFNYST Mid-Hudson Chapter to:

AFNYST Mid-Hudson Chapter
Treasurer Frank Christensen
15 Eagle Lane
Clinton Corners, N.Y. 12514-3029

Email: afnystmidhudson@optimum.net