



Association of Former New York State Troopers, Inc.

Capital District Chapter

Application for membership



Regular (sworn member):

Associate (non-sworn member):

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Spouse/partner: _____

Joined Div. of SP (EOD): _____ Served in Troop(s): _____ Shield #: _____

Retired or Resigned from Troop: _____ Station/Detail: _____

Retired on (ROD): _____ as a (last rank): _____

Have you ever been a member or made application for membership to any chapter of this Assoc? _____

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

Annual dues are \$20.00 (for new Member applications received on or after July 1st the dues are only \$10.00)

One-time initiation fee is \$1.00

Mail completed application with a check for the appropriate dues amount (\$20 or \$10) + \$1 initiation fee, (payable to AFNYST Capital District Chapter) to:

AFNYST Capital District Chapter
Michael F. Wells - Secretary/Clerk
31 Wedgewood Way
Porter Corners, NY 12859

Email: mwells4177@afnyst.org