



ASSOCIATION OF FORMER NY STATE TROOPERS
LONG ISLAND CHAPTER
FormerTroopersLINY@yahoo.com

APPLICATION FOR MEMBERSHIP – DUES ARE \$25

NEW MEMBER RENEWAL – MEMBER SINCE _____

MEMBERSHIP TYPE STATE POLICE MEMBER ASSOCIATE MEMBER

APPLICANT'S NAME _____ DOB: _____

STREET ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE # _____ CELL PHONE # _____

EMAIL ADDRESS _____

VETERAN YES NO BRANCH OF SERVICE _____

SPOUSES NAME _____

CHILD'S NAME _____ CHILD'S NAME _____

CHILD'S NAME _____ CHILD'S NAME _____

CHILD'S NAME _____ CHILD'S NAME _____

STATE POLICE PERSONNEL ONLY

EOD _____ DATE OF RETIREMENT _____ RANK _____

TYPE OF RETIREMENT SERVICE DISABILITY

SIGNATURE

DATE

PAID BY CHECK # _____

CASH

VENMO



venmo

PLEASE COMPLETE APPLICATION AND SEND IT ALONG WITH CHECK/MONEY ORDER AND MAIL

IT TO THE FOLLOWING: **AFNYST – LONG ISLAND CHAPTER**

PO Box 367 Medford, NY 11763