

**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 \_\_\_\_\_<sup>Date</sup> as a \_\_\_\_\_<sup>Rank</sup> 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:

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Annual dues are \$20.00

One-time initiation fee is \$1.00

Monthly meetings are held on the second Wednesday of each month from February-November.

Mail completed application with a check for \$21, payable to AFNYST Tri-States Chapter, to:

AFNYST - Tri-States Chapter  
PO Box 112  
New Hampton, NY 10958