

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

Additional information (Stations worked, special details, Shield#, winter address, etc) or comments below:

Membership in a local AFNYST Chapter is required. Please select the desired Chapter from the drop down list below. If you are unsure of which Chapter to join, select unknown. Your application will be forwarded to the appropriate Chapter based on your selection (or the Chapter covering your geographical location, or last Troop if you reside out of NYS).

Once your application is received, you will be contacted by the local Chapter to complete the application process, including payment of dues, meeting dates, etc.

Please return this completed application to: Association of Former NY State Troopers
Michael F. Wells - Secretary/Clerk
31 Wedgewood Way
Porter Corners, NY 12859

OR

Email: mwells4177@afnyst.org