

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, etc) or comments below:

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

Monthly meetings are held on the third Wednesday of each month from March-November.

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