

When you complete this application, print out 2 copies. Keep one copy for your records and send the other copy along with the \$15.00 in dues to the following address:

NY 10-13 Association
260-09 Hillside Avenue
Floral Park, NY 11004

NY 10-13 MEMBER APPLICATION

First Name	
Middle Initial (optional)	
Last Name	
Street Address	
City	
State	
Zip Code	
Home Phone	
Other Phone	
Email	
Date of Birth	
Last Command	
Date Appointed	
Date Retired	
Retirement (Service Completion, 3/4s, Ordinary Disability, Other)	
New Member or Renewal	