

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	
Tax ID #	
Last Command	
Date Appointed	
Date Retired	
Retirement (Service Completion, 3/4s, Ordinary Disability, Other)	
New Member or Renewal	