

**NEW YORK POLICE AND FIRE RETIREE ASSOCIATION
APPLICATION FORM**

Please print all information:

NAME: _____

STREET ADDRESS: _____

CITY, STATE & ZIP CODE: _____

NAME OF DEPARTMENT: _____

POLICE: _____ FIRE: _____

RETIRED: _____ ACTIVE: _____

I would like to become a member of the New York Police and Fire Retiree Assn.,
PLEASE SEND A MEMBERSHIP PACKAGE. My \$30.00 dues are included _____
or I will make payment after reviewing membership information _____.

SIGNATURE: _____

ALL CHECKES ARE PAYABLE TO THE: New York Police and Fire Retiree Association