NEW YORK STATE ASSOCIATION OF AUXILIARY POLICE

P.O. BOX 351, MASSAPEQUA, NEW YORK 11758
(516) 795-4378 STATEASSOC@AUXILIARY-POLICE.ORG

MEMBERSHIP APPLICATION

☐ New Member ☐ Renewal Membership # _____

The primary purpose and objective of the Association is to promote and improve the benefits of its members, promote the understanding and cooperation between members of the Association and the professional law enforcement agencies with whom they interact, and promote the value of auxiliary police programs to the communities they serve.

The secondary purpose and objective of the Association shall be to set a standard to allow Auxiliary Units to be organized in municipalities, many of which may not have such organizations as of yet, and to assist in legislation that may need to be set or amended.

– PLEASE WRITE LEGIBLY OR TYPE –

NAME: _____
LAST NAME FIRST NAME MIDDLE NAME

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

NUMBERS: _____
HOME PHONE BUSINESS PHONE CELL PHONE

PERSONAL: _____
DATE OF BIRTH AGE OCCUPATION E-MAIL ADDRESS

AFFILIATION: _____
AGENCY NAME & COMMAND (if applicable) COUNTY NYS REGION #

AFFILIATION: _____
YOUR RANK SHIELD # YEARS IN SERVICE

AFFILIATION REFERENCE: _____
CONTACT NAME PHONE #

I personally read and answered each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

_____
SIGNATURE OF APPLICANT DATE

Applications are considered for membership without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-duty-related medical condition or handicap.

**** PLEASE SUBMIT COPY OF POLICE ID AND CHECK WITH APPLICATION PAYABLE TO: NY STATE ASSOC OF AUX POLICE ****

DO NOT WRITE IN THE SHADED BOX. FOR ASSOCIATION USE ONLY.

DATE APPLICATION RECEIVED: _____

AFFILIATION VERIFICATION: _____

TYPE OF PAYMENT: _____ AMOUNT: $_____

CHECK # _____ DEPOSIT DATE: _____

CIRCLE ONE

ACTIVE MEMBER = $10.00

ASSOCIATE MEMBER = $10.00

HONORARY MEMBER = $0.00