



Retired Police Association of the State of New York, Inc.

1 Old Country Road • Suite 265 • Carle Place, New York 11514-1884
Phone: (516) 294-4488 • Fax: (516) 294-5129

MEMBERSHIP APPLICATION

DATE OF APPLICATION: _____

NAME: _____ DATE OF BIRTH: _____
Last First Initial Month/Day/Year

ADDRESS: _____
Number Street APT #

CITY: _____ COUNTY: _____ STATE: _____ ZIP: + FOUR: _____

BUSINESS: _____ TYPE: _____
Service/Trade/Etc.

ADDRESS: _____ ZIP: + FOUR: _____
No./Street/City/State/ZIP

HOME TELEPHONE: () _____ CELL TELEPHONE: () _____

NEXT OF KIN: _____ RELATIONSHIP: _____

ADDRESS: _____ TEL. NO.: () _____
No./Street/City/State/ZIP

RETIREMENT INFORMATION

DEPARTMENT/AGENCY NAME: _____ TELEPHONE: () _____

ADDRESS: _____ RETIREMENT PENSION #: _____
No./Street/City/State/ZIP

SERVICE DATES FROM: ___/___/___ to ___/___/___ RETIREMENT SYSTEM: _____

REASON FOR RETIREMENT: _____ (Service/Disability/Vested)

SIGNATURE OF APPLICANT: _____

COMPLETE ABOVE INFORMATION AND AFFIX SIGNATURE

New members joining after September 1st of the current year are considered as paid the following year.

DUES \$35.00 PER YEAR CHECK #/CASH _____ AMOUNT:\$ _____

FINANCIAL SECRETARY: _____ DATE RECEIVED: _____

DATE APPROVED: _____ DATE DISAPPROVED: _____

RECORD #: _____ ENTERED/COMPUTER: _____ BENEFICIARY CARD: _____
Y/N Y/N

**REVIEW AND VERIFY ELIGIBILITY BY SIGNATURE ON REAR PAGE
(OVER)**

(Rev. 11/09)

**REQUIREMENTS FOR ADMISSION TO THE
RETIRED POLICE ASSOCIATION OF THE STATE OF NEW YORK, INC.**

ART. IV DEFINITIONS

POLICE OFFICER: For the purpose of this Constitution and By-Laws, the term "Police Officer" shall mean a Police Officer as defined in Section 1.20, Subd. 34 of the Criminal Procedure Law of the State of New York.

RETIRED POLICE OFFICER: Notwithstanding any provision of any law, rule or regulation of the State of New York, or any organization or association legally constituted therein, the definition of "Retired Police Officer" for the purpose of membership in this Association shall include, and shall only include persons who were Police Officers as defined herein and who have been employed and honorably retired from a law enforcement agency of the State, County, Town, City, Village, Public Authority, or Police District within the confines of New York State.

ART. V MEMBERSHIP:

1A (1) ACTIVE MEMBERS

Any person, male or female, who served as a Police Officer as the term "Police Officer" is defined in Section 1.20, Subd. 34 of the Criminal Procedure Law of the State of New York, and

who has retired after having served honorably as a Police Officer in any law enforcement agency of the State, County, Town, City, Village, Public Authority, or Police District within the confines of New York State, or

while serving honorably as a Police Officer of a law enforcement agency as described herein, is discharged under honorable conditions as disabled or unfit for duty because of an on or off-duty injury or illness,

is eligible for membership in this Association.

HAVING READ THE REQUIREMENTS FOR MEMBERSHIP TO THE RETIRED POLICE ASSOCIATION OF THE STATE OF NEW YORK, INC., AND COMPLETED THE APPLICATION FOR MEMBERSHIP, I AFFIRM THAT I QUALIFY FOR MEMBERSHIP AS A RETIRED POLICE OFFICER AND THAT I FULFILL THE REQUIREMENTS FOR ACTIVE MEMBERSHIP AS DESCRIBED HEREIN, AND THAT MY APPLICATION FOR MEMBERSHIP IS TRUTHFUL, ACCURATE AND COMPLETE. FURTHER, I UNDERSTAND THAT ANY FALSE INFORMATION OR STATEMENT MADE ON THIS APPLICATION AND/OR FAILURE TO MEET THE REQUIREMENTS FOR MEMBERSHIP MAY BE CAUSE FOR REJECTION OR IMMEDIATE TERMINATION FROM THE ASSOCIATION.

*Signature

Date

***By signing this application, you verify that all the information provided is correct and that you have met the qualifications for membership in the RPA.**

RETIRED POLICE ASSOCIATION OF THE STATE OF NEW YORK, INC.
MEMBERS BENEFIT INFORMATION CARD _____

MEMBER'S NAME: _____ DOB: _____
ADDRESS: _____ PHONE: () _____
_____ RELIGION: _____
DATE RETIRED: _____ DATE OF APPT.: _____ DEPT: _____
LAST 4 OF SOCIAL SECURITY #: _____ MALE FEMALE

BENEFICIARY'S NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
HOME PHONE: () _____ CELL PHONE: () _____

MEMBER'S SIGNATURE: _____ DATE: _____
_____ (DO NOT WRITE BELOW) _____
DATE RECEIVED: _____ (NOTE ADDRESS CHANGE ON BACK)