



Steuben Association

of the Police Department, City of New York, Inc.
MEMBERSHIP APPLICATION
(All information will be kept confidential)

Name: _____ D.O.B.: _____
Last First Middle

Address: _____ Rank: _____

City: _____ State: _____ Zip Code: _____ Home Phone: (____) _____

Tax #: _____ Shield #: _____ Cell Phone (____) _____

Date of Appointment: _____ Present Command: _____ Previous Command: _____

Date Last Promoted: _____ Email: _____

Resident Pct: _____ Date Retired: _____

In the event that I am accepted as a member of the Steuben Association of the Police Department, I do hereby pledge myself to uphold its principles and ideals and to support its Constitution and By-Laws.

Date: _____ Signature: _____

Only fill out ONE (1) Beneficiary (Signature is mandatory for Beneficiary Change)

Beneficiary Information: Date: _____

Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Tel: _____ Relation: _____ Signature: _____

Check German Ancestral Background:

- Birth
- Mother
- Father
- Grandmother
- Grandfather
- Spouse
- Other: _____

If paying by Check – please Fill out the following

Date written on Check: _____

Check Number: _____

Amount: _____

Important Notice:
Membership eligibility is subject to approval as defined by the Steuben Association Constitution and By-Laws. When dues payments are received and membership eligibility can not be verified, the payment will be refunded whenever possible or will default as a donation to the Steuben Scholarship Fund.