

# Suffolk County Association of Women Police



P.O. Box 814, Yaphank, NY 11980  
**Membership Application**

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

RANK/SHIELD/COMMAND# \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

☼ I agree to uphold the constitution and bylaws of this society.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***Please submit your dues with this application***

★ **\$52 for New Members or provide information below for direct deposit \$2 per pay check**

SS# \_\_\_\_\_ Retirement Number \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**The Voice of the Female Police Officer**