



MEMBERSHIP APPLICATION

Date _____

Check One: Renewal [] New Member []

Check One: Regular Membership []
Associate Membership []
Honorary Membership []

Name _____

Address _____

Command _____ Rank _____

[] I would like to be a delegate for my command.

Phone: Home _____

Work _____

Cell _____

E-Mail _____

Please mail application
and a check for \$25.00 to:

Police Emerald Society
Nassau County, New York
P.O. Box 7696
Hicksville, NY 11801-7696