



Membership Application

Auxiliary Police Benevolent Association of the City of New York, Inc.
233 Broadway, Suite 702 • New York, NY 10279 • (212) 608-2422 • www.nycapba.org

Instructions: Fill out the boxes below with the required information and make a \$30 check or money order payable to the **Auxiliary Police Benevolent Association**. Mail completed form to **PO Box 649, Brewster, NY 10509**. Please type or write neatly.

Member Information

Last Name		First Name		Middle Initial
Date of Birth (mm/dd/yyyy)		Gender Male or Female	Social Security #	
Home Address				
City			State	Zip
Home Phone #		Email Address		

Police Department Information

Command	Rank	ID #	Shield #
Appointment Date		Command Phone #	

I hereby state that the above information is correct, to the best of my knowledge, and that the willful submission of false information will result in the immediate expulsion of my membership with the Auxiliary Police Benevolent Association. I agree to all of the rules and regulations governing membership.

Member's Signature: _____ Date: _____

OFFICE USE ONLY

Date Received	Payment Type <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER	Reviewed By
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