



The SHIELDS

Long Island



35 Clark Avenue, Massapequa, NY 11758-4825

Tel/Fax (516) 799-3944

Tel/Fax (516) 377-7712

Application for Membership

All retired and permanent Police Organizations as described in the C.P.L. and in The By - Laws of this organization, not excluding Supervisory Personnel, are eligible for membership pursuant to these By - Laws and approval by the membership.

Name of Applicant _____

Address _____

Email Address _____

Town _____

Zip Code _____

Telephone _____

Date of Birth _____

Date of Appointment _____

or Retirement _____

Dept Affiliated with _____

Pct. _____

Your Religion _____

Beneficiary _____ Relationship _____

(Beneficiary must be 18 or older- 'The Shields - Long Island' will be the default beneficiary, if a member fails to list one.)

Signature of Applicant _____

Date _____

Signature of Member Proposing

Dues \$30.00 per year, pro rated for remainder of year joining.

Initiation \$5.00 _____

Total Amount Paid \$ _____

Received By _____