



Membership Application

Date: _____

Check One: Renewal [] New Member []

Check One: Regular Membership []

 Associate Membership []

 Honorary Membership []

Name: _____

Address: _____

_____, _____, _____

Phone # _____ Email: _____

Command: _____ Rank: _____

I would like to be a delegate for my Command/Dept. [] Yes [] No

Make Check Out to: Police Emerald Society of Nassau County Yearly Dues : \$25

Police Emerald Society Nassau County

P.O. Box 1894

N. Massapequa, NY 11758