NYPD PULASKI ASSOCIATION

POLICE DEPARTMENT, CITY OF NEW YORK
P.O. Box 780558, 55-02 69 Street, Queens, NY 11378
www.nypdpulaski.org - mail@nypdpulaski.org
2024 Membership Application

Eligible: *Poles, Ukrainians, Russians, Byelorussians, Czechs, Slovaks, Croats, Serbs, Bosnians, Montenegrins, Bulgarians, Hungarians, Lithuanians, Latvians, Estonians.* We accept **ASSOCIATE MEMBERS** who are any civilian member of service (CMOS) or civilian of Polish or Slavic descent by birth or marriage. **ASSOCIATE MEMBERS** may attend **ALL MEMBERSHIP MEETINGS & EVENTS** but **CANNOT VOTE** or **HOLD OFFICE** within the NYPD Pulaski Association. Meetings are held 3rd Wednesdays of the month at 7PM. NYPDPulaskiAssoc @NYPDPulaski http://www.NYPDPulaski.org (470)-POLONIA (470-765-6642). We accept payment via ESS, Pay Pal, credit card and e-check. Please complete your 2024 Membership Application/Renewal and mail it along with payment made payable to the following: **N.Y.P.D. Pulaski Association C/O Financial Secretary P.O. BOX 780558, 55-02 69 Street, Maspeth, N.Y. 11378**

CHECK ALL THAT APPLY:

☐ NEW APPLICATION ☐ RENEWAL APPLICATION ☐ **CHANGE OF INFORMATION** ☐ CADET ☐ RECRUIT ☐ NON-NYPD LEO
☐ ACTIVE (NYPD UNIFORMED) ☐ RETIRED (NYPD UNIFORMED) ☐ ASSOCIATE (CIVILIANS AND NON-NYPD) ☐ LEGAL FIELD

DATE: _____ RANK/TITLE : _____ D/O/B: _____ RESIDENT PCT.: _____
TAX #: _____ SHIELD #: _____ COMMAND: _____ COMMAND CODE:_____
SEX: ☐ M ☐ F APPOINTMENT DATE: _____ RETIREMENT DATE: _____ YEARS OTJ: _____
LAST NAME: _____ FIRST NAME: _____ MI._____
HOME MAILING ADDRESS: _____
CITY: _____ STATE _____ ZIP _____-_____
CELL PHONE: (____)_____ WORK PHONE: (____)_____ HOME PHONE: (_____)_____
ARE YOU CURRENTLY RECEIVING EMAILS FROM THE PULASKI ASSOCIATION ? ☐ YES ☐ NO
PRINT EMAIL BELOW LEGIBLY:

DEPENDENT INFORMATION: HOW MANY DEPENDENTS, NOT INCLUDING SPOUSE/PARTNER: _____
SPOUSE/PARTNERS NAME: _____

PRINT NAME OF CHILD/DEPENDENT AND ALSO FOR FUTURE SCHOLARSHIP CONSIDERATION,
LAST NAME:_____ FIRST NAME: _____ D/O/B: _____
LAST NAME:_____ FIRST NAME: _____ D/O/B: _____
LAST NAME:_____ FIRST NAME: _____ D/O/B: _____

ASSOCIATE MEMBERS: SPONSORS NAME _____
OUTSIDE AGENCIES: PRINT YOUR TITLE, DEPT./ORGANIZATIONS NAME _____
CIVILIAN MEMBER OF THE NYPD; PRINT WHAT UNIT/COMMAND _____

ETHNIC BACKGROUND: _____LANGUAGE : _____ ☐ READ ☐ WRITE ☐ SPEAK
(IE: POLISH, LITHUANIAN, CZECH, HUNGARIANS, ESTONIAN, LATVIAN, UKRAINIAN, RUSSIAN, BELORUSSIAN, BULGARIAN ETC.)

BRANCH MILITARY: _____ MILITARY RANK: _____ MILITARY JOB: _____
SPECIAL SKILLS: _____

CERTIFICATION OR LICENSE:_____

☐ **GENERAL MEMBERSHIP**	☐ **ASSOCIATE MEMBERSHIP**	☐ **LIFETIME MEMBERSHIP**
$30.00	**$40.00**	**$10.00**
ACTIVE OR RETIRED	***CIVILIAN***	***OVER 65 AND IN GOOD STANDING***

The above information is true to the best of my knowledge. I hereby agree to abide by the Constitution and By -Laws of The New York City Police Department Pulaski Association and any future amendments and changes thereto. I understand that failure to keep dues current and in good standing will suspend all benefits including, but not limited to, Scholarships and Death Policy Benefits.

DATE : _____ SIGNATURE : _____

(THIS PORTION IS TO BE COMPLETED BY PULASKI ASSOCIATION BOARD MEMBERS ONLY)

☐ CASH _____ ☐ CHECK# _____ ☐ CREDIT CARD - CONFIRMATION # _____(VISA/MC/AMEX/DISC/OTHER
☐ NYCAPS-ESS-EMPLOYEE SELF SERVICE (COMPLETE FORM)

DATE RECEIVED_____ BY_____
MEMBERSHIP CARDS ISSUED VIA MAIL _____ OR IN PERSON _____(INITIAL/DATE)_____