



Pulaski Association
New York City Police Department
Membership Renewal Application for 2012

To retain your membership with the Pulaski Association and continue to receive the benefits available to you and your family, please complete this renewal form and mail it to the address listed below with the appropriate dues. Please make check payable to the "Pulaski Association, N.Y.P.D." Failure to keep dues up to date will suspend your benefits such as Children's Scholarship and death benefits.

Please complete and mail to:
Pulaski Association Financial Secretary
P.O. Box 447
Floral Park, NY 11002

**** Dues: \$20.00 (Lifetime Members - \$ 10.00)****

NAME _____ Gender : Male Female

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DOB ___/___/___ HOME PHONE # _____ WORK PHONE # _____

E-MAIL _____ STRONGLY RECOMMENDED Cell Phone # _____ STRONGLY RECOMMENDED

ex: Screen Name @ server . com

THE PULASKI ASSOCIATION REQUIRES ALL EMAIL ADDRESSES AND CELL PHONE #'S IN ORDER TO CONTACT YOU WITH NOTIFICATIONS FOR ALL EVENTS, SUCH AS GENERAL MEETING REMINDERS, DINNER DANCES, AND ALL CLUB RELATED FUNCTIONS. SUPPORT YOUR ORGANIZATION!

RANK _____ TAX # _____ COMMAND _____ APPOINTMENT DATE ___/___/___

(PLEASE CIRCLE ONE) LIFETIME MEMBER, RETIRED, ACTIVE, OVER 65

*****Information below to be filled out by NEW APPLICANTS ONLY*****

List Polish / Slavic ancestral background of member of spouse / family

List Children's Names and DOB

Father's Last Name _____ Mother's Last Name _____

Spouse's Maiden Name _____ Name of Beneficiary _____

I hereby agree to abide by the Constitution and By Laws and any future amendments and changes thereto:

Signature _____ Date _____

FOR OFFICE USE ONLY:

Delegate / Proposer _____	Command _____
Action of Membership Committee _____	Date _____
Eligibles: POLES, UKRAINIANS, RUSSIANS, BELORUSSIANS, CZECHS, SLOVAKS, CROATS, SERBS, BOSNIANS, MONTENGRINS, BULGARIANS, HUNGARIANS, LITHUANIANS, LATVIANS, ESTONIANS	