

MEMBERSHIP NO.# \_\_\_\_\_



# Steuben Association

of the Police Department, City of New York, Inc.

## MEMBERSHIP UPDATE

(All information will be kept confidential)

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Rank: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Tax #: \_\_\_\_\_ Shield #: \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Date of Appointment: \_\_\_\_\_ Present Command: \_\_\_\_\_ Previous Command: \_\_\_\_\_

Date Last Promoted: \_\_\_\_\_ Email: \_\_\_\_\_

Resident Pct: \_\_\_\_\_ Date Retired: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Only fill out ONE (1) Beneficiary (Signature is mandatory for Beneficiary Change)**

**Beneficiary Information:** Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Relation: \_\_\_\_\_ Signature: \_\_\_\_\_

**Check German Ancestral Background:**

Birth  Mother  Father  Grandmother  Grandfather  Spouse

Other: \_\_\_\_\_

**\*\*\*\*\* If you could – please check your check stubs and return the info to me please \*\*\*\*\***

***Dues CheckOff***

Yr	Check Number	Date Written	Yr	Check Number	Date Written
09			04		
08			03		
07			02		
06			01		
05			2000		