

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 | | |