



# Hispanic Society

## Police Department City of New York

### Membership Application



200\_\_\_\_\_

	New	Renew
UMOS	( )	( )
School Safety	( )	( )
Traffic Agent	( )	( )
Civilian MOS	( )	( )
Auxiliary P.O.	( )	( )
Associate Member	( )	( )

(Address For Application Dues Only)  
P.O Box 55, Peck Slip Station, NYC, NY 10272  
**Check or Money Order Only**

I, \_\_\_\_\_ hereby apply for membership in the Hispanic Society, Police Department, City of New York, Inc. I understand the **\$20.00**, which is payment for ONE YEAR DUES, will be returned if this application is not accepted at the next Executive Board Meeting.

(Last Name            First            Middle)

Rank \_\_\_\_\_ Command \_\_\_\_\_ Command Phone# \_\_\_\_\_

Shield# \_\_\_\_\_ Tax# \_\_\_\_\_ Date of Appointment \_\_\_\_\_

( ) ADDRESS CHANGE

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Apt/PH \_\_\_\_\_ Home# \_\_\_\_\_ Cellphone# \_\_\_\_\_

D.O.B \_\_\_\_\_ Gender: ( ) Male ( ) Female Heritage \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Dependants: (Please include age)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

(Additional dependants may be added on the back of this application)

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

-----DO NOT WRITE BELOW THIS LINE-----

\_\_\_\_\_  
President

\_\_\_\_\_  
Membership Card#

\_\_\_\_\_  
1<sup>st</sup> Vice President

\_\_\_\_\_  
Date Issued \_\_\_\_\_ Check# \_\_\_\_\_

\_\_\_\_\_  
Secretary

Approved ( )      Disapproved ( )