



# FDNY STATEN ISLAND RETIREES ASSOCIATION

APPLICATION DATE			
FIRST NAME			
MI			
LAST NAME			
STREET ADDRESS			
CITY – STATE -- ZIPCODE			
HOME TELEPHONE NUMBER			
CELLULAR TELEPHONE NUMBER			
EMAIL ADDRESS (PLEASE PRINT)			
BENEFICIARY’S NAME			
BENEFICIARY RELATIONSHIP			
ADDRESS			
CITY -- STATE -- ZIPCODE			
TELEPHONE NUMBER			
ALTERNATE BENEFICIARY NAME			
ADDRESS			
CITY -- STATE -- ZIPCODE			

## MEMBERSHIP APPLICATION

RANK		BLOOD TYPE	
APPOINTMENT DATE		BIRTH DATE	
RETIREMENT TYPE (SC; S; NSD)			
FORMER UNIT			
DATE RETIRED			
RELIGION		NON RETIRED ACTIVE MEMBER INDICATE CURRENT UNIT HERE. *	

**Return this form to the treasurer**  
**Include check for \$20 annual dues made payable to F.D.N.Y. Retirees**  
**George Speth – 46 Bentley Street – Staten Island, NY – 10307**

THE INFORMATION REQUESTED IS KEPT CONFIDENTIAL AND IS FOR ORGANIZATIONAL USE IN THE EVENT A MEMBER PASSES ON IT WILL ALLOW US TO PAY THE PROPER TRIBUTE TO THEM
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