



F.D.N.Y. RETIREES MEMBERSHIP APPLICATION

Staten Island Division

APPLICATION DATE			
FIRST NAME			
MI			
LAST NAME			
STREET ADDRESS			
CITY – STATE -- ZIPCODE			
HOME TELEPHONE NUMBER			
CELLULAR TELEPHONE NUMBER			
EMAIL ADDRESS (PLEASE PRINT) *			
<i>Information below is for a \$500 death benefit payment</i>			
BENEFICIARY'S NAME			
BENEFICIARY RELATIONSHIP			
ADDRESS			
CITY – STATE – ZIPCODE			
TELEPHONE NUMBER			
<i>Tells us about yourself.</i>			
RANK			
APPOINTMENT DATE		BIRTH DATE	
RETIREMENT TYPE (SC; S; NSD)		BLOOD TYPE	
FORMER UNIT (if retired)	*Subscribe to our email list by visiting our website WWW.FDNYSIRETIREES.ORG		
DATE RETIRED	Click on “contact us” then “subscribe”		
RELIGION		NON RETIRED - ACTIVE MEMBER ENTER CURRENT UNIT HERE.	

Return this form with a check for \$30 annual dues made payable to F.D.N.Y. Retirees
Mail to: Jim DiMeo 156 E. Figurea Ave Staten Island NY 10308

Payment of dues includes a death benefit of \$200 for the first 12 months and \$500 after 12 months

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