



NYC RETIRED TRANSIT POLICE OFFICERS ASSOCIATION

Last Name _____ First _____

Address _____ Apt. # _____

City _____ State _____ Zip(+4) _____ - _____

Telephone # () _____ Cell: () _____

D.O.B. ____/____/____ Rank _____

Date Appointed to NYCTPD ____/____/____ Date Retired ____/____/____

For Associate membership: Name of Department _____

Date Appt'd: ____/____/____ Date Retired ____/____/____

For Associate Membership: PAID member sponsoring: _____

Email _____

DONATIONS ARE ALWAYS APPRECIATED TO KEEP THE ORGANIZATION GOING

If you are sending a donation of \$20 or more, please indicate if you would like to get a challenge coin as our thanks. YES _____ NO _____

Lifetime Membership for those who are 75 years or older.

Dues must have been paid for the 3 years prior to turning 75.

*If eligible, please check here _____ and make sure you have filled out your **DOB** above.*

Type of Retirement: () Service () Ordinary Disability
() Accident Disability () Vested

Next of kin:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ ZIP+4 _____ + _____

Telephone: () _____ Cell: () _____

Dues are \$40

Make checks payable to **NYCRTPOA** and mail to:

NYC Ret. TPO Assoc.

PO Box 345

East Rockaway, NY 11518-0345