



# FDNY STATEN ISLAND RETIREES ASSOCIATION

<b>APPLICATION DATE</b>			
<b>FIRST NAME</b>			
<b>MI</b>			
<b>LAST NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY -- STATE -- ZIPCODE</b>			
<b>HOME TELEPHONE NUMBER</b>			
<b>CELLULAR TELEPHONE NUMBER</b>			
<b>EMAIL ADDRESS (PLEASE PRINT)</b>			
<b>BENEFICIARY'S NAME</b>			
<b>BENEFICIARY RELATIONSHIP</b>			
<b>ADDRESS</b>			
<b>CITY -- STATE -- ZIPCODE</b>			
<b>TELEPHONE NUMBER</b>			
<b>ALTERNATE BENEFICIARY NAME</b>			
<b>ADDRESS</b>			
<b>CITY -- STATE -- ZIPCODE</b>			

## MEMBERSHIP APPLICATION

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

**Return this form with a check for \$30 annual dues made payable to F.D.N.Y. Retirees**

**Mail to: George Speth – 46 Bentley Street – Staten Island, NY – 10307**

**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