



Hispanic Society
Police Department City of New York
Membership Application



2011

	New	Renew
MOS	()	()
School Safety	()	()
Traffic Agent	()	()
Civilian MOS	()	()
Auxiliary PO	()	()
Associate Member	()	()

(Address for Application Dues Only)
P.O Box 564071 College Point, NY 11356
Check or Money Order Only

I, _____ hereby apply for membership in the Hispanic Society, Police
 (Last Name First Middle)
 Department, City of New York, Inc. I understand the **\$25.00**, which is payment for ONE YEAR DUES, will be returned if this application is not accepted at the next Executive Board Meeting.

Rank _____ Command _____ Command Phone# _____

Shield# _____ Tax# _____ Date of Appointment _____

Home Address _____

City _____ Zip _____ **EMAIL:** _____

Apt/PH _____ Home# _____ Cellphone# _____

D.O.B _____ Gender: () Male () Female Heritage _____

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-----

 Secretary

 Membership Card#

Approved () Disapproved ()

Date Issued _____ Check# _____

If you have any questions, please contact us at: 212-252-4645
www.nypdhs.com