



**New York City Police Department  
Membership Application Hispanic Society 2018**

**Type of Membership:**  New Member  Renew

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

*I, Hereby apply for membership in the Hispanic Society, Police Department, City of New York.  
I understand the **\$35.00**, which is payment for **ONE YEAR DUES**, will be returned if this application is not accepted at the next Executive Board Meeting.*

**Please Select Membership:**  
 MOS     School Safety     Traffic Safety     Civilian MOS  
 Auxiliary MOS     Associate member

**Rank:** \_\_\_\_\_

**Command:** \_\_\_\_\_ **Command Phone Number:** \_\_\_\_\_

**Tax#** \_\_\_\_\_ **Shield#** \_\_\_\_\_

**Date of Appointment:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Apt:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:**  Male  Female

**Heritage:** \_\_\_\_\_

**Dependants: (Please included age)** (Additional Dependants may be added on back of page)

1- \_\_\_\_\_ 2- \_\_\_\_\_  
 3- \_\_\_\_\_ 4- \_\_\_\_\_

**Add to Mailing list**  Yes  No

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**-----DO NOT WRITE BELOW THIS LINE-----**

**Secretary:** \_\_\_\_\_ **Membership Card#** \_\_\_\_\_

**Approved:**  **Disapproved:**

**Address for Application Dues Only Check or Money Order:**  
**P.O. 110202 Brooklyn, NY 11211**  
**Questions please contact us: 212-252-4645** **www.nypdhs.com**