



**New York City Police Department
Membership Application Hispanic Society 2017**

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