

POLICE BENEVOLENT ASSOCIATION of NEW YORK STATE

11 North Pearl Street, Suite 1200 • Albany, NY 12207

WWW.PBANYS.ORG

EMAIL: PBAADMIN@PBANYS.ORG

Membership Application Form

PBA use only

Member ID #

DEPT ID #

Date Received

Personal Information

Name: _____ (First Middle Last)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

SSN: (last four digits only) XXX-XX-_____ DOB: (mm/dd/yyyy) ____/____/____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____

Emergency Contact: _____ Emergency Phone: (____) _____ - _____

PBA Death Benefit Beneficiary – Name: _____ Date of Birth: _____

Mailing Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Employment Information

Agency Name: _____

Division/Location/Region: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Agency Phone: (____) _____ - _____ x. _____ Agency Cell: (____) _____ - _____

Agency Email: _____

I hereby acknowledge that by becoming a member of the Police Benevolent Association of New York State, I will follow all rules and policies including the rules of conduct of the Association. Pursuant to Section 6a of the State Finance Law, I hereby authorize the State Comptroller to deduct from my biweekly salary the necessary amount to cover membership dues on my behalf. This authorization shall remain in effect until revoked by me, pursuant to law.*

Signature

Completed applications should be forwarded to the address above • via email pbaadmin@pbanys.org • via fax 518-433-5473

* A portion of your dues is contributed to the Political Action Committee (PAC) Fund of the Police Benevolent Association of New York State. Any questions regarding this Fund may be directed in writing to the President at the address at the top of this form.