


12/7/19

\$30

NYCD EMERALD SOCIETY
 "65TH YEAR OF KEEPING THE TRADITION ALIVE"
 1955  2020
 Roy G. Miller, President
*Charter Member The Grand Council of United Emerald Societies Inc
 Charter Member National Conference of Law Enforcement Emerald Societies
 Affiliated Organization New York City Saint Patrick's Day Parade*

PLEASE PRINT CLEARLY OR TYPE

2020 MEMBERSHIP DATA FORM

Full Name: _____ DOB: _____
 Last First M.I.

Address: _____ Apartment/Unit # _____
 Street Address

 City State ZIP Code

Mobile: _____ Home: _____

Email: _____ I have no email

DOA _____ Rank _____ Shield or ID # _____ Command _____ DOR _____

- REGULAR MEMBERSHIP**
 ACTIVE/RETIRED MOS ACTIVE/RETIRED CIVILIAN
***ASSOCIATE MEMBERSHIP* (Irish Spirit)**
 ACTIVE/RETIRED MOS ACTIVE RETIRED/CIVILIAN

SIGNATURE _____ DATE _____

RETURN THIS FORM WITH \$30 CHECK PAYABLE ;
 NYCD EMERALD SOCIETY PO BOX 690212 EAST ELMHURST, NY 11369
 The Emerald Society meets the first Tuesday of the month (no meeting in July)
 @1800hrs The Woodhaven House 63-98 Woodhaven Blvd, Rego Park, NY
 *Save time, stamps and paper use Paypal (service fees apply) & file form electronically @ www.nycdemeraldsociety.com



Treasurer - Check# _____ Cash PayPal _____ Square _____



APPLICATION FOR MEMBERSHIP

PLEASE PRINT CLEARLY OR TYPE

I HEREBY APPLY FOR MEMBERSHIP IN THE EMERALD SOCIETY OF THE CORRECTION DEPARTMENT, CITY OF NEW YORK, AND MAKE EACH OF THE FOLLOWING STATEMENTS OF FACT, PERSONALLY KNOWN TO ME, INTENDING THAT THE SOCIETY RELY UPON THE TRUTH OF EACH IN ACTING UPON THIS APPLICATION.

NAME _____

RANK _____ SHIELD OR ID # _____ Command _____

Address _____

Mobile # _____ Home # _____

EMAIL ADDRESS _____

MOTHER'S MAIDEN NAME _____

FATHER'S NAME _____

On what do you base your Irish ancestry?

I do not have Irish ancestry but Irish Spirit and wish to be an associate member because-

If elected to membership, I agree to abide by and be governed by the present Constitution and By-Laws of the Emerald Society and any future amendments, modifications and changes thereto.

SIGNATURE _____ DATE _____

ELECTED TO MEMBERSHIP _____ PASSED BY MEMBERSHIP COMMITTEE _____

Date..... Date.....

Make check or money order payable NYCD EMERALD SOCIETY Dues \$30
Pay Pal available www.nycdemeraldsociety.com

(NOTE APPLICATION MUST BE VOTED AND APPROVED)

NYCD EMERALD SOCIETY
PO BOX 690212
EAST ELMHURST, NY 11369
10/1/19 2020 forms

www.nycdemeraldsociety.com