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NEW YORK CORRECTION DEPARTMENT EMERALD SOCIETY

2017 DUES DATA FORM DUES \$30

ALL SOCIETY FORMS AND UPDATED INFORMATION @ www.nycdemeraldsociety.com

PLEASE PRINT OR TYPE THIS FORM

Member Information

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

Address: _____ Apartment/Unit # _____
Street Address

City State ZIP Code

Mobile: _____ Home: _____

Email: _____ I have no email

DEPARTMENT INFO

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

NYCD EMERALD SOCIETY
PO BOX 690212 EAST ELMHURST, NY 11369

\$30 2017 DUES

**Please note if you pay your 2017 dues by 12/1/16- Free Admission to
The Annual Christmas Party/Old Timers Reunion 12/10/16 1300-1700**

I will attend the Christmas Party

I will not attend the Christmas Party/Old Timers Reunion

PLEASE CHECK BOX

Active/Retired MOS **Active/Retired Civilian** **Associate Active/Retired MOS/Civilian**

THE SOCIETY MEETS THE FIRST TUESDAY OF THE MONTH @ 6PM
The Woodhaven House 63-98 Woodhaven Blvd, Rego Park, NY
info@nycdemeraldsociety.com

Signature _____ Date _____

* 2017 membership drive free Xmas party
Treasurer - check# _____ cash PayPal
Financial Secretary- database dues card mailed



APPLICATION FOR MEMBERSHIP

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.

PLEASE PRINT LEGIBLE OR TYPE

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)**

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PO BOX 690212
EAST ELMHURST, NY 11369**

**THIS FORM IS FOR NEW MEMBERS ONLY
www.nycdemeraldsociety.com**