



APPLICATION FOR MEMBERSHIP

PLEASE PRINT CLEARLY OR TYPE
APPLICATION AND MEMBERSHIP DATA FORM
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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 INC. Dues \$30
Square Payment available www.nycdemeraldsociety.org
(PLEASE NOTE APPLICATION MUST BE VOTED AND APPROVED)
NYCD EMERALD SOCIETY
PO BOX 38
ATLANTIC BEACH, NY 11509

