LONG ISLAND
FIRST RESPONDER

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

E-MAIL: _____ CELL: _____

DEPARTMENT/AGENCY: _____

ACTIVE/RETIRED: _____

GOLF POLO SIZE: _____

GHIN NUMBER: _____

EXISTING MEMBER FEE- $85 CHECK PAYABLE TO **JOSEPH CAMMARATO**
NEW MEMBER FEE: $100 CHECK PAYABLE TO **JOSEPH CAMMARATO**

PAYMENT INCLUDES- GOLF POLO, PRE SEASON LUNCHEON, MID SEASON PIZZA PARTY AND OCTOBER AWARDS LUNCHEON

PLEASE MAKE A COPY OF THIS APPLICATION AND MAIL IT ALONG WITH THE $85 OR $100 CHECK TO : JOSEPH CAMMARATO
28 NORWOOD LANE
RONKONKOMA, NY 11779