

Today's Date _____ Check This Box if you are a Veteran:

Retired Member's Association OFFICIAL APPLICATION

NAME _____

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

Best Contact Phone Number _____

LAST UNIT _____ LAST RANK _____

DATE OF APPOINTMENT _____

DATE OF RETIREMENT _____

E-Mail Address ("We Must Have!") _____

Date of Birth _____ Spouse's Name _____

TYPE OF MEMBERSHIP (Circle)

Make Check Payable to the RMA

ANNUAL \$15.00 LIFE \$150.00

We have Lapel Pins at a cost of \$6.00 each / two for \$10.00 (add & include with your payment)

Remit this application to:

**RMA Membership Chairman, Jim Hayhurst
PO Box 1332 Baldwin, NY 11510**

**For Recent RMA News about your Pensions, Go to:
www.fdnyma.org**