

**RMA Lapel Pin $6.00 for One, $10.00 for Two\***

**Retired Member's Association, Inc.**

**Fire Department, City of New York**

**PO Box 1332 Baldwin, NY 11510**

**2022 Official Application**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BEST CONTACT PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE RETIRED\_\_\_\_\_\_\_\_\_\_LAST UNIT\_\_\_\_\_\_\_\_LAST RANK\_\_\_\_\_\_**

**DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_SPOUSE’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Membership (Circle)**

**ANNUAL MEMBERSHIP: $25.00 LIFETIME MEMBERSHIP: $250.00**

**Download, Print and Remit this application along with your payment**

**To: The RMA PO Box 1332**

**Baldwin, NY 11510 \*Add Payment of Lapel Pin(s) to Your Membership Fee\* Receive Pin(s) back in the US Mail along with your Membership Card**