



Suffolk Police Columbia Association
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MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

DARE OF BIRTH: _____

EMAIL: _____

EMPLOYER: _____

DATE HIRED: _____

RANK: _____

SS#: _____

RECRUITED BY: _____

SIGNATURE: _____

PAYROLL DEDUCTION IS AUTOMATIC-DUES ARE \$52.00 YEARLY

DATE OF ACCEPTANCE: _____

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