Suffolk County Police Columbia Association

Membership Card

***Name*_____ *D.O.B* _____**

***Address*_____**

***Cell Phone*_____ *Full SS#*_____**

***Agency*_____ *Rank*_____ *Pct/Command*_____**

***Signature*_____ *Date*_____**

(By signing this form I hereby grant the Suffolk County Police Columbia Association permission to enroll me in payroll deduction to collect dues and to sign me up to receive email and text communications from the organization.)