

DID YOU FAIL TO RENEW YOUR MEMBERSHIP IN

2017 – 2018 - 2019

If so, you do not meet our membership eligibility requirements for:

Submitting a Scholarship Application (3 years continuous membership)

If you do not know if you qualify, send us an Email: info@VZ1013.com or call (347) 216 5215

You can print out this Membership Application and submit it as per the instructions on the bottom of the form.

Cut along dotted line

2017

2018

2019

2020 MEMBERSHIP APPLICATION

< **LATE MEMBERSHIP APPLICATION**

(Please indicate appropriate selection(s) if you wish to pay your past dues)



Annual Dues: \$25.00 per year

New Member Renewal Associate Member Life Member Other _____

(PLEASE PRINT CLEARLY)

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Shirt size: _____

Email: _____

DOB: ____/____/____ [] Spouse or [] Surviving Spouse - Name: _____
Month Day Year

Date Appointed: _____ Tax Registry#: _____ Date Retired: _____ Command: _____

Rank: _____ [] Active? *or* Type of Retirement: [] Service [] 3/4 [] Vested [] Other _____

Newsletter preference: [] PAPERLESS (website) [] by Mail [] Both - If you GO PAPERLESS will save the organization \$\$\$.

I wish to purchase additional membership card(s). If more than 2 cards mailed add \$.25 per card for postage.

Number of additional card ____ @ \$1.00 per card = \$ ____ + \$25.00 (Membership dues) = Amount enclosed \$ ____.

Mail application & payment to: The NYC Verrazano 10-13 Association, PO Box 061-725, Staten Island, NY 10306

