



SHERIFF'S OFFICE ASSOCIATION OF RETIREES
MONROE COUNTY, NEW YORK

ANNUAL APPLICATION FOR MEMBERSHIP

Name: _____ Date: ___ / ___ / ___

Address: _____

City/State/Zip Code: _____

Telephone Number(s): _____

E-Mail Address: _____

DOB: ___ / ___ / ___ Hire Date: ___ / ___ / ___ Retirement Date: ___ / ___ / ___

Retired From (Mark With An X):

- | | |
|--|---|
| <input type="checkbox"/> Civil Bureau | <input type="checkbox"/> Civilian Staff |
| <input type="checkbox"/> Court Security Bureau | <input type="checkbox"/> Jail Bureau |
| <input type="checkbox"/> Police Bureau | |

**PLEASE ENCLOSE YOUR YEARLY DUES (\$30)
MAKE CHECK PAYABLE TO S.O.A.R.**

Mail this form and your check to:

Larry Crawford
18 Harvest Walk
Webster, NY 14580

Please join us on the SOAR Website at: MonroeCountySoar.Org

Updated December 22, 2018