



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

Yearly Application for Membership

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Cell: _____

E-mail: _____

Hire Date: _____ Retire Date: _____

Retired from (mark with an X)

- Civil Bureau Civilian Bureau Police Bureau
 Court Bureau Jail Bureau Other

Please enclose your yearly dues (\$30.00). Make check payable to "S.O.A.R." and mail to:

S.O.A.R.
Larry Crawford
18 Harvest Walk
Webster, NY 14580

Or go to www.monroecountysoar.org and join through PayPal

Any Questions call Larry Crawford at 585-278-6027 or email at lcrawford1415@gmail.com
SOAR's Fiscal Year runs January 1st thru December 31st, dues taken after September 1st goes toward the following year.

Please check box if email notification are good for you.

If over 80 years old your membership fee is waived, but still fill out form and mark your age down here and mail in.