



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

New Website: MonroeCountySoar.Org

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 Staff Police Bureau
 Court Security Bureau Jail Bureau Other

Please enclose your yearly dues (\$30). Make check payable to S.O.A.R. Mail this form and your check to:

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

Any questions call or email Larry Crawford (585) 278-6027 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 is good for you.