

Auxiliary Police Supervisors Benevolent Association  
Of the City of New York, Inc.

Membership Agreement

LAST \_\_\_\_\_ FIRST \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ALTERNATE # \_\_\_\_\_

EMAIL \_\_\_\_\_

COMMAND \_\_\_\_\_ RANK \_\_\_\_\_ ID # \_\_\_\_\_

I AGREE TO THE FOLLOWING:

- A. I hereby affirm that the above information is true. I also understand that Falsification of any membership forms will cause for immediate expulsion of my membership from the Auxiliary Police Supervisors Benevolent (APSBA).
- B. I will adhere to the by-laws of the Auxiliary Police Supervisors Benevolent Association (APSBA), including payment of my annually fee.
- C. I am entitled to all of the APSBA benefits.

Check one:

- Auxiliary Supervisor \$ 25.00
- Auxiliary Police Officer \$ 20.00
- Retired Auxiliary Officer \$ 15.00 (or any other member of Law Enforcement or Civilian Member)

**Make Check payable to: APSBA of NYC, Inc. and mail to:**  
**APSBA of NYC, Inc.**  
**243 Fifth Avenue Suite 314**  
**New York, NY 10016**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

With this agreement please make sure you include the following with your check:

1. Copy of your Current Valid or Retired NYPD Auxiliary ID Card (or other NYS Agency if applicable)
2. Copy of your Valid NYS Driver License and/or ID Card
3. The first page of this application with your information.

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OFFICAL APSBA ENTRY ONLY

Date Paid: \_\_\_\_\_

Check / Money Order (circle one)

Check # / Money Order #: \_\_\_\_\_

Date Active: \_\_\_\_\_

# MISSION STATEMENT

To support and advocate for Auxiliary Police Officers of the City of New York through legislation, representation, and public education.

To interact with Federal, State, and City legislative bodies, departments and employees who are responsible for volunteer law enforcement activities.

To publicize the work and good acts of Auxiliary Police Officers of the City of New York through awards, scholarships and public and official acknowledgment.

