



# F.D.N.Y. RETIREES MEMBERSHIP APPLICATION

## Staten Island Division

<b>APPLICATION DATE</b>			
<b>FIRST NAME</b>			
<b>MI</b>			
<b>LAST NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY – STATE -- ZIPCODE</b>			
<b>HOME TELEPHONE NUMBER</b>			
<b>CELLULAR TELEPHONE NUMBER</b>			
<b>EMAIL ADDRESS (PLEASE PRINT) *</b>			
<i>Information below is for a \$500 death benefit payment</i>			
<b>BENEFICIARY'S NAME</b>			
<b>BENEFICIARY RELATIONSHIP</b>			
<b>ADDRESS</b>			
<b>CITY – STATE – ZIPCODE</b>			
<b>TELEPHONE NUMBER</b>			
<i>Tells us about yourself.</i>			
<b>RANK</b>			
<b>APPOINTMENT DATE</b>		<b>BIRTH DATE</b>	
<b>RETIREMENT TYPE (SC; S; NSD)</b>		<b>BLOOD TYPE</b>	
<b>FORMER UNIT (if retired)</b>	*Subscribe to our email list by visiting our website <a href="http://WWW.FDNYSIRETIREES.ORG">WWW.FDNYSIRETIREES.ORG</a>		
<b>DATE RETIRED</b>	Click on “contact us” then “subscribe”		
<b>RELIGION</b>		<b>NON-RETIRED - ACTIVE DUTY MEMBER ENTER CURRENT UNIT HERE.</b>	

**Return this form with a check for \$40 annual dues made payable to F.D.N.Y. Retirees**  
**Mail to: Jim DiMeo 156 E. Figurea Ave Staten Island NY 10308**

Payment of dues includes a death benefit of \$200 for the first 12 months and \$500 after 12 months

THE INFORMATION REQUESTED IS KEPT CONFIDENTIAL AND IS FOR ORGANIZATIONAL USE IN THE EVENT A MEMBER PASSES ON IT WILL ALLOW US TO PAY THE PROPER TRIBUTE TO THEM
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