



Rockland County Police Hispanic Society

P.O. Box 213

New City, New York 10956

www.RCPHS.org

"Serving the Entire Community"

APPLICATION FOR MEMBERSHIP

2019

Date _____

I HEREBY APPLY FOR MEMBERSHIP in the **ROCKLAND COUNTY POLICE HISPANIC SOCIETY** and make each of the following statements of facts, personally known to me, intending that the Society rely upon the truth of each acting upon this application. **Dues are \$35.00-Make check payable to R.C.P.H.S.**

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

DATE OF BIRTH: _____

DEPARTMENT: _____

RANK: _____

DATE OF APPOINTMENT: _____ **Retired** _____

ON WHAT DO YOU BASE YOU HISPANIC ANCESTRY? _____

BENEFICIARY NAME AND ADDRESS: _____

If elected to membership, I agree to abide by and be governed by the present Constitution and By-Laws of the R.C.P.H.S. and future amendments, modifications and changes there to.

Signature: _____

Sponsor/Department: _____

Date Accepted or Denied/Regular or Charter: _____

Dues Paid: _____