

**SUFFOLK COUNTY  
FIRE/EMS SAFETY OFFICERS  
ASSOCIATION**

**APPLICATION FOR MEMBERSHIP**

(Please Print or Type)

Department or Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town or Village: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Representatives Name: \_\_\_\_\_

Alternates Name: \_\_\_\_\_

The dues structure is the following: Yearly \$50.00 for the first member and an additional \$50.00 for all other additional members (Maximum \$100.00)

Please make all checks payable to the Suffolk County Fire/EMS Safety Officers Association.

Mail to: Suffolk County Fire/EMS Safety Officers Assoc.  
Richard C. Maddox  
P.O. Box 781  
Sayville, New York, 11782

Office: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Signature: \_\_\_\_\_