

# Membership Application & Payroll Deduction Authorization Form



**Steuben Association**  
**Suffolk County Police Inc.**

**P.O. Box 447**

**Yaphank, NY 11980**

[www.suffolkpolicesteuben.org](http://www.suffolkpolicesteuben.org)

Please write clearly and complete all sections.

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

E-MAIL \_\_\_\_\_ CELLPHONE # \_\_\_\_\_

Social Security # \_\_\_\_\_

Department: \_\_\_\_\_ Rank: \_\_\_\_\_ Shield#: \_\_\_\_\_ Command: \_\_\_\_\_

**PAYROLL DEDUCTION AUTHORIZATION:** I hereby apply for the membership in the Steuben Association Suffolk County Police Inc., and if accepted by membership, I will abide the constitution and by-laws of the association. Additionally, I hereby authorize the Steuben Association Suffolk County Police Inc. to deduct \$2.50 per pay period for dues.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Retired/Non County Employees Only:

Steuben Association Suffolk County Police Inc. Acct#10231-0

Credit Union Authorization: I hereby authorize the Suffolk County Credit Union to deduct \$65 from my account # \_\_\_\_\_, the annual dues of the Steuben Association of Suffolk County Police Inc. and that sum be deposited into the above noted account of the Steuben Association.

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_