

Membership Application & Payroll Deduction Authorization Form



Steuben Association
Suffolk County Police Inc.
P.O. Box 447
Yaphank, NY 11980
www.suffolkpolicesteuben.org

Please write clearly and complete all sections.

Name: _____ D.O.B. _____

Address: _____

SS #: _____ - _____ - _____ E-mail: _____

Department: _____ Rank: _____ Shield #: _____ Command: _____

PAYROLL DEDUCTION AUTHORIZATION: I hereby apply for membership in the Steuben Association Suffolk County Police Inc., and if accepted for membership, I will abide by 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 Federal Credit Union to deduct **\$65.00** from my account # _____, the annual dues of the Steuben Association of Suffolk County Police Inc. and that said sum be deposited into the above noted account of the Steuben Association.

Signature: _____ Date: ____/____/____