

DID YOU FAIL TO RENEW YOUR MEMBERSHIP IN 2014, 2015, 2016, 2017 or 2018?

If so, you do not meet our membership eligibility requirements for:

Submitting a Scholarship Application
(3 years continuous membership)
or
80 year old FREE MEMBERSHIP
(Life Member, 5 years continuous membership)

If you do not know if you qualify, send us an Email: info@VZ1013.com or call (347) 216 5215

You can print out this Membership Application and submit it as per the instructions on the bottom of the form.

-----Cut along dotted line-----

2014
 2015
 2016
 2017
 2018

2019 MEMBERSHIP APPLICATION
< **LATE MEMBERSHIP APPLICATION**

(Please indicate appropriate selection(s) if you wish to pay your past dues)



Annual Dues: \$25.00 per year

New Member Renewal Associate Member Life Member Other _____

(PLEASE PRINT CLEARLY)

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ - _____ Home Phone: _____

Cell Phone: _____ Spouse or Surviving Spouse - Name: _____

DOB: ____/____/____ Email: _____ Shirt size: _____
Month Day Year (optional)

Date Appointed: _____ Tax Registry#: _____ Date Retired: _____ Command: _____

Rank: _____ Active? or Type of Retirement: Service 3/4 Vested Other _____

Newsletter preference: PAPERLESS (website) by Mail Both - If you GO PAPERLESS will save the organization \$\$\$.

If you submit an Email address, a password will be sent to you, when it is necessary to view censored Newsletter information

I wish to purchase additional membership card(s). If more than 2 cards mailed add \$.25 per card for postage.

Number of additional card _____ @ \$1.00 per card = \$ _____ + \$25.00 (Membership dues) = Amount enclosed \$ _____.

Mail application & payment to: The NYC Verrazano 10-13 Association, PO Box 061-725, Staten Island, NY 10306