NEW YORK STATE ASSOCIATION OF AUXILIARY POLICE, INC.

RESPONDING TO THE NEEDS OF VOLUNTEER LAW ENFORCEMENT

PO Box 351, Massapegua, NY 11758

Tel: 516-795-4378 URL: www.auxiliary-police.org Eml: nysaap@auxiliary-police.org

The primary purpose and objective of the Association is to promote and improve the benefits of its members, promote the understanding and cooperation between members of the Association and of professional Law Enforcement agencies with whom they interact, and promote the value of volunteer Law Enforcement programs to the communities they serve.

The secondary purpose and objective of the Association shall be to set a standard to allow Auxiliary Units to be organized in municipalities, many of which may not have such organizations as of yet, and assist in legislation that may need to be set or amended.



Referred by:_____

Comments:

Payment type_____ Amt. \$___

Check# Deposit Date

| IVIEMBERSHIP A | PPLICATION | | | |
|--|---|--------------------------------|------------------|----------------------|
| ☐ New Member ☐ Renewal N | Membership # | | | 1 |
| PLEASE WRITE LEGIBLY OR TYPE | | | | |
| First Name | Middle | | Last Name | |
| Mailing Address | Apt | City | State | Zip |
| Hm Ph () Bus | s Ph () | Cell Ph () | Fax (_ |) |
| Date of Birth Age | Occupation | | | |
| Email 1 | Em | ail 2 | | |
| Rank | Shield # | | Years in Service | |
| Agency/Precinct or Unit Name | | | _ County | Region # |
| Agency Contact Name | | Phone (|) | |
| personally read and answered e Please submit copy of police ID | | noney order in th | | payable to NYSAAP |
| | Signature of applicant | | Date | |
| Applications are considered for or veteran status, or the presen | | • | • | origin, age, marital |
| D o not v | NYS/ WRITE IN THE SHADED AREA B | | ION USE, ONLY. | |
| Date application rec'd | \$10.00 Member | \$10.00 Member (1 Member card) | | □ Paid |
| | gency verification \$1.50/card Associate member | | # Associate Card | |

\$_____ Honorary member

Paid \$5.00 Regional Dues