



NEW YORK STATE HARBORMASTER & BAY CONSTABLE ASSOCIATION

P.O. Box 1551
Lindenhurst, New York 11757-0942

WWW.NYSHBA.ORG

APPLICATION FOR MEMBERSHIP

PLEASE CHECK APPROPRIATE BOX FOR MEMBERSHIP TYPE. Mail application and payment to above address:

- (New Member) Active \$50.00 (Annual) Active \$40.00
 (New Member) Assoc. \$60.00 (Annual) Assoc. \$50.00

PLEASE PRINT CLEARLY!

Name (Last) _____ (First) _____ (MI) _____

Date of Birth ____/____/____ Phone () - ____ - ____ Work () - ____ - ____

Address _____

City/Town _____, NY Zip _____ County _____

Email Address _____

Agency Employed By _____ Title _____

Commanding Officer's Name _____

PLEASE PRINT CLEARLY!

I HEREBY MAKE FORMAL APPLICATION TO THE NEW YORK STATE HARBORMASTER & BAY CONSTABLE ASSOCIATION. IF MY APPLICATION IS APPROVED, I PROMISE TO UPHOLD THE STANDARDS AND THE BY-LAWS OF THE ASSOCIATION IN ANY ACTIVITIES SPONSORED BY THEM.

SIGNED (Applicant) _____ DATE ____/____/____

PLEASE PRINT CLEARLY!

SPONSORED BY _____ AGENCY _____

APPROVED BY THE BOARD OF DIRECTORS _____ DATE ____/____/____

SECRETARY _____ DATE ____/____/____

PLEASE PRINT CLEARLY!

APPLICATION FEE: \$10.00 (FOR NEW MEMBERS)

RECEIVED BY _____ DATE ____/____/____

ANNUAL MEMBERSHIP DUES: ACTIVE: \$40.00 ASSOCIATE: \$50.00

RECEIVED BY _____ DATE ____/____/____