

Application for Individual Membership
New York State Deputies Association, Inc. (NYSDA)

Name: _____

Address: _____

Phone: _____ E-Mail: _____

Sheriff's Employee: Yes _____ No _____

If yes, County: _____ Rank: _____

Terms of Membership: Individual members will receive a NYSDA window decal and NYSDA's quarterly newsletter. Registration fees for NYSDA seminars are waived for individual members. Individual members may not hold office and are not entitled to vote on NYSDA's Board. (Dues are charged per calendar year)

Honorary Membership Dues (select one): \$25/year Sheriff's employee _____

\$35/year non-Sheriff's employee _____

I wish to become an honorary member of the New York State Deputies Association and agree to abide by the terms of membership.

Signature

Date