



----- MEMBERSHIP APPLICATION – LOCAL #4 -----

I hereby make application for membership in the Retired policemen & Firemen's Association, Inc, of the State of New Jersey, and promise, if admitted, to abide by its Constitution and By-Laws.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Email: _____

I was appointed to _____ Police Dept. Mo, _____ Yr. _____

I was appointed to _____ Fire Dept. Mo, _____ Yr. _____

Retirement Date: _____

Name of Pension System: _____

Affiliations: PBA Local # _____ FOP Lodge # _____ FMBA Local # _____ PFANJ # _____

Local Chapter Fee: \$25.00

TYPE OF MEMBERSHIP

ACTIVE	Approved / Disapproved
ASSOCIATE	Approved / Disapproved
HONORARY	Approved / Disapproved

Applicant's Signature: _____ Date: _____

Telephone No.: _____ Amount Paid: _____

Proposed By: _____ Date Approved: _____

MAIL TO:

New Jersey Retired Policemen & Firemen's Association – Hudson County #4

PO Box 8362

Jersey City, NJ 07308