

# ROCKLAND COUNTY SHIELDS

## Application For Membership



**P.O. Box 15**  
**New City, New York 10956**

<b>Name of Applicant:</b>			
<b>Proposed by:</b>			
<b>Signature of Member Proposing:</b>			<b>Date:</b> /        /
<b>Dues: \$50.00</b> <b>Initiation: \$ 5.00</b> <b>Amount Paid \$55.00</b>			
<b>ARTICLE ONE - BY-LAWS: MEMBERSHIP</b>  <b>Section 1. Eligibility.</b> Membership in the Rockland County Shields, Inc. shall be open to any person who is a Police Officer who is a resident of Rockland County or employed as a Police Officer by a Rockland County law Enforcement Agency or the New York State Police. This section shall also pertain to persons retired from the Profession of Law Enforcement, as stated above.  Membership shall also be open to others who are engaged in the Profession of Law Enforcement, in acapacity not stated above, with the approval of the Membership Committee who shall be guided by the existing Criminal Procedure Law of the State of New York.			
<b>Name of Applicant:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>TEL. NO. (        )</b>		<b>Date of Birth:</b> /        /	
<b>E-Mail :</b>			
<b>Agency / Department:</b>			
<b>Command / Unit:</b>		<b>Rank:</b>	
<b>Date of Appointment:</b>			
<b>Date of Retirement:</b>			
<b>Township:</b> <input type="checkbox"/> Clarkstown <input type="checkbox"/> Haverstraw <input type="checkbox"/> Orangetown <input type="checkbox"/> Ramapo <input type="checkbox"/> Stony Point			
<b>Signature of Applicant:</b>			
<b>Officer Receiving Dues:</b>		<b>Signature:</b>	