

NYSCOPBA's LEGACY
RETIREE CHAPTER MEMBERSHIP APPLICATION

NAME: (Last Name, First Name, Middle Initial)

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

(_____) _____

PHONE NUMBER:

SOCIAL SECURITY NUMBER:

LAST FACILITY or WORKSITE:

DEPARTMENT or AGENCY:

RETIREMENT DATE

TITLE:

SENIORITY DATE:

I understand that this authorization may be revoked at any time by written notice to NYSCOPBA.

Signature of Retiree

Date

Send Application to and \$25 Annual Dues
NYSCOPBA
ATTN: Retirement Department
102 Hackett Blvd.
Albany, New York 12210