New York State Correctional Officers & Police Benevolent Association, Inc.

102 Hackett Blvd. - Albany, NY 12209
(518) 427-1551 nyscopba@nyscopba.org

Retiree Chapter Application and Renewal Form

☐ I'm a New Chapter Member *(Your first year in the Retiree Chapter is free!)*

☐ I'm Renewing My Membership (*Include $25 Dues or a completed Payroll Deduction Form*)

Your Full Name (Last, First, MI)

Your Street Address

City | State | ZIP

( ) - Home Phone

( ) - Cell Phone ☐ *Check for text updates*

Last 4 of your SSN

A

Email address

Last Facility or Worksite

Department or Agency

Title

/ / Seniority Date

/ / Retirement Date

$15,000 Life Insurance Beneficiary Information

Primary Beneficiary

Contingent Beneficiary (Optional)

Contingent Beneficiary (Optional)

Contingent Beneficiary (Optional)

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

Signature

Date

Send Application (*and $25 dues or Payroll Deduction Form for renewals*) to:
NYSCOPBA, Inc. Retirement Department, 102 Hackett Blvd., Albany, New York 12209