

*FDNY EMS Retirees Association. Inc.*

*Membership Application*

Please mail application and dues to:

FDNY EMS Retirees Association  
PO Box 260153 Bellerose, NY 11426

Call Marianne Pizzitola with any questions: 631-793-9715

Retiree Dues: \$30, Friends of Retirees \$30, Associate Member Dues \$30

Name:

Date:

Address:

City:

State:

Zip Code:

Phone:

Mobile:

Email:

Share my email  
with other retirees

Y

N

Beneficiary Information: Primary Beneficiary:

Relationship:

Address:

City:

State:

Zip Code

Phone:

Alternate Beneficiary Name, Address & Phone:

If available, please complete the following information:

Rank:

Appointed Date:

Last Command:

Retirement Date:

Blood Type:

Birthdate:

Our Constitution requires that members be free from felony convictions and convictions for theft, violence and from crimes of moral turpitude. I assert that I have not been convicted of any of these:

(sign) \_\_\_\_\_.

Retirement Type:  Disability Retirement  Service Connected  Non Service Connected

Service Retirement  Associate Member\*\*

Friends of Retirees\*\*

\*\*Associate Members & Friends of Retirees are members that wish to join the Retirees, participate in social events, or be provided assistance with retiring. It does not allow any member voting rights or the ability to hold office. Associate Members are active members or Retired FDNY Firefighters and Friends of Retirees are members that left the service but did not retire.

12/09