



United Federation of Special Police and Security Officers, Inc

INDIVIDUAL MEMBERSHIP APPLICATION / RENEWAL FORM 2017

I certify that I am an (active/retired) Registered Security Officer in the State of _____ and, as such, I (apply for/renew my) membership in the United Federation of Special Police and Security Officers, Inc. I understand that my dues for the period of 12 months will be \$26.00. I understand that I will receive a membership card and window sticker. If I access the Federation Web Site, I will get information about Security News that is generated during the 12 month period. I further understand that these dues entitle me to participate in all the programs for individual members of the United Federation of Security Officers, Inc. pursuant to the by-laws and subject to the cost, rules and procedures of said programs.

All correspondence will be sent to the address provided below.

_____ **\$26.00 DUES**

REQUIRED INFORMATION:

NAME _____ **TELEPHONE _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

SECURITY
EMPLOYER _____ RANK/TITLE _____

SIGNATURE _____ DATE _____

OPTIONAL INFORMATION:

*SEX _____ *DATE OF BIRTH _____ **SOCIAL SECURITY# _____

* This information used for census data requested by insurance companies for quotes to obtain lower rates.

** Social Security number used for identification only. Telephone # & SS# confidential - NOT given out.

Return this application, with your DUES and optional PAC contribution to:
UNITED FEDERATION OF SECURITY OFFICERS, INC.
540 NORTH STATE ROAD
BRIARCLIFF MANOR, NEW YORK 10510