New York State Deputies Association, Inc.

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Application for Individual Membership New York State Deputies Association, Inc. (NYSDA)

Name:	-
Address:	
Phone:	E-Mail:
Sheriff's Employee: Yes	No
If yes, County:	Rank:
NYSDA's quarterly newsletter. Registr	mbers will receive a NYSDA window decal and ration fees for NYSDA seminars are waived for may not hold office and are not entitled to vote on alendar year)
Honorary Membership Dues (select one):	\$25/year Sheriff's employee
	\$35/year non-Sheriff's employee
I wish to become an honorary member of the abide by the terms of membership.	he New York State Deputies Association and agree to
Signature	Date