



Police Holy Name Society of Suffolk County

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PHNSofSC@scpdholyname.org
www.scpdholyname.org

HONESTY - INTEGRITY - COURAGE

LIFETIME ENROLLMENT (\$100.00 one-time membership fee)

NAME _____

HOME ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____ + _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

DATE OF RETIREMENT OR SEPERATION FROM SERVICE _____

DEPARTMENT OF FORMER EMPLOYMENT _____

I would like to be a Lifetime Member of the Police Holy Name Society of Suffolk County and hereby make application for such membership. Enclosed is my one-time membership fee of \$100.00.

SOCIAL SECURITY NUMBER _____ DATE _____

SIGNATURE _____