



Police Holy Name Society of Suffolk County

Post Office Box 1573
Smithtown, NY 11787
PHNSofSC@scpdholyname.org
www.scpdholyname.org

HONESTY - INTEGRITY - COURAGE

Membership Application and Payroll Deduction Authorization (\$3.00 per pay period or \$78.00 per year)

NAME _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

COMMAND _____ RANK _____ SHIELD _____

I hereby authorize the County of Suffolk to deduct membership dues of three Dollars (\$3.00) from each regular payroll check and pay over the sum to the Police Holy Name Society of Suffolk County. I understand that this authorization may be revoked at any time by written notice to the Police Holy Name Society of Suffolk County.

SOCIAL SECURITY NUMBER _____ DATE _____

SIGNATURE _____