



Rochester Police Emerald Society Membership Application

Name _____
Last, First, Mi

Address _____
Number Street Apt#

_____ City State Zip

Agency _____
Name/Address

_____ Phone Number/Name of direct supervisor (for employment verification).

Date of Birth _____ Home/Work Phone _____

Email _____

Membership proposed by: _____

Type of Agency: Local ___ County ___ State ___ Federal ___ DA's Office ___

Status: Active ___ Retired ___

Membership Type: Regular Member ___ Honorary Member ___

Briefly explain your Irish heritage/relation:

TO THE OFFICERS OF THE ROCHESTER POLICE EMERALD SOCIETY I, the undersigned do hereby attest to be of Irish birth or relation (does not apply to honorary members), and to be an active or retired Police Officer/Deputy Sheriff or ADA in the State of New York, and make application for membership in the Rochester Police Emerald Society. Further, it is understood that acceptance in the Rochester Police Emerald Society does not in any way protect the member against violations of the law, nor has the member been promised any favors or immunity by any law enforcement officer. I proclaim to be of good character and a law abiding citizen of the United States. Executive Board members may request verification of any of the statements made herein.

Signature _____ Date _____

MEMBERSHIP YEAR COMMENCES APRIL ANNUALLY
ANNUAL DUES: **\$25.00**

(Applicants must have successfully completed their department's probationary period.)

Rochester Police Emerald Society. PO Box 575 Henrietta NY 14467

Approved _____ Denied _____ Paid _____ Pin _____