



Police Surgeons Benevolent Association, Inc.

PO Box 20831
Huntington Station, NY 11746



MEMBERSHIP APPLICATION (PLEASE PRINT)

LAST NAME	FIRST NAME
STREET ADDRESS	TOWN/ ZIP CODE
MOBILE PHONE NUMBER	HOME/BUSSINES PHONE NUMBER
E-MAIL ADDRESS	NYS DRIVER'S LICENCE (Must Be Filled In or The Application Will Be void)
PRACTICE AFFILIATION	MEDICAL SPECIALTY
PRACTICE ADDRESS	MEDICAL CENTER AFFILIATION
SPONSOR'S NAME	YEARS KNOW BY APPLICANT
Have you ever had a permit or license or an application for a permit or license refused, suspended or revoked by a federal, state or county agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you interested in attending NBC or WMD training at area Hospitals	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Signature

Date

Please mail this completed form along with the photo (head shot) to our address listed above.

You may also email it to ekonarska@hotmail.com

For Office use only: Approved [] Not Approved []

Placard Type and Number: _____

"BACK THE BADGE"...Through Better Healthcare