

FLORIDA ASSOCIATION OF RETIRED TROOPERS / NYSP

**Application For Membership
Please Print**

Name: _____

Address: _____

City, State, ZIP: _____

Home Phone: _____

Spouse: _____

Email Address: _____

Troops Served In: _____

Dates of NYSP Service: From _____ **To** _____ **Retired? Yes** ___ **No** ___

Cell Phone: _____

Secondary Address: _____

Secondary Address Phone: _____

Name of Sponsor (Current Association or NYSP Member): _____

Please send a check for **\$10.00** dues (made out to "F.A.R.T. / NYSP") along with this completed form to:

**Fred Goldman, President
526 Kingston Way
The Villages FL 32162**

Phone: 352-753-9322

Email: WIZARD1839@AOL.com