

# Columbia Association Membership Application

Complete the Application Form below and enclose it with your payment

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>INITIAL</b>	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>HOME PHONE</b> ( )	<b>WORK PHONE</b> ( )	<b>CELL PHONE</b> ( )	
<b>EMAIL ADDRESS</b>	<b>TAX REGISTRY# OR REF#</b>	<b>ACTIVE</b> ( )	<b>RETIRED</b> ( )
<b>MEMBER TYPE (CHECK ONE)</b> ASSOC ( ) \$10.00    REGULAR ( ) \$20.00	<b>TRUSTEE (CHECK ONE)</b> BKLYN( )BX( )SI( )MAN( )Q( )EMS( )RET( )OTHR( )	<b>CHECK #</b>	
<b>FDNY UNIT</b>	<b>FDNY RANK</b>		
( ) CHECK HERE IF ANY OF THE ABOVE INFORMATION HAS CHANGED			

PLEASE RETURN WITH YOUR  
PAYMENT TO:

**Steve Forlenza**  
**Columbia Association FDNY**  
**216 C Naughton Ave**  
**Staten Island, NY 10305**