



NEW YORK STATE SHIELDS INC.



Website: www.nyshields.org
Facebook: New York State Shields

MEMBERSHIP / RENEWAL APPLICATION

Name _____

Address _____

Apt/Unit _____ City _____ State _____ Zip _____

Phone (Home) _____ (Work / Cell) _____

E-Mail _____

Agency / Command _____

Rank / Title _____

Check one

New Member ___ Renewal ___ Law Enforcement ___ Associate ___

Corporate ___ (name) _____ Date _____

Directions: Please print out this application, fill out completely, and mail with your check for

\$ 50.00 to:

**New York State Shields, Inc.
P.O. Box 703
Hartsdale, NY 10530**

Membership: Open to all law enforcement Officers (City, State, Federal), and associate members who are non-law enforcement from public and private industry and have shown a strong support of American Law Enforcement