

# ***New York State Troopers Emerald Society***

## REGISTRATION FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ TROOP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STATUS (Circle One): SWORN MEMBER RETIRED MEMBER

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