

NEW YORK STATE ASSOCIATION OF PBA'S

111 Washington Ave., Suite 406
Albany, N.Y. 12210-2210
518-465-1141

MEMBERSHIP APPLICATION

Members units must meet the criteria in the By-Laws of the New York State Associations
of PBA's for admittance

NAME OF UNIT: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

E-MAIL: _____

PRESIDENT _____

TELEPHONE _____

TOTAL NUMBER
OF MEMBERS _____

AS THE PRESIDENT OF THE MEMBERSHIP LISTED ABOVE I HEREBY MAKE
APPLICATION TO JOIN THE NEW YORK STATE ASSOCIATION OF PBA'S.

SIGNED: _____ DATE: _____

PRESIDENT