



New York State Corrections Emerald Society  
P.O. Box 318, Otisville NY 10963 / www.nysces.org



## Membership Application

Name: (First, Last, MI) \_\_\_\_\_  
Address: (Number, Street, Apt.) \_\_\_\_\_  
(City, State, Zip) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Facility: \_\_\_\_\_ Chapter: \_\_\_\_\_  
Date of Appointment: \_\_\_\_\_ Date of Retirement: \_\_\_\_\_

### Please Circle One

**Active** (Gaelic, Active/Retired Sworn DOCS Uniform Employee)  
**Associate** (Gaelic, Civilian DOCS Personnel)  
**Social** (All Others)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Membership year commences January thru December, annual dues are \$25.00.  
Make checks payable to: New York State Corrections Emerald Society, Inc.

Send to P.O. Box 318, Otisville NY 10963

If renewing and there are no changes, name, facility, and chapter is all that is needed