

One Huntington Quadrangle
Suite 3N05A
Melville, NY 11747
Phone: (631) 293-2820 Fax: (631) 293-2716

MEMBERSHIP APPLICATION:

ID # (office use only): _____ (Important) Your start date: ____/____/____

Last Name First Name Initial Professional Title (Principal, etc.)

Home Address: _____
Street City County State Zip

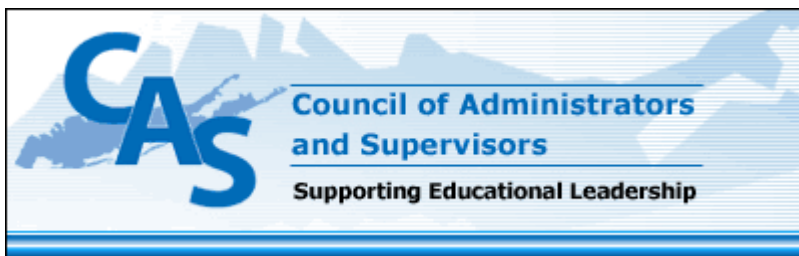
Home Phone:(____)_____ School District in which you reside: _____

School Name: _____ Office Phone: _____ Email: _____

Professional Address: _____
Street City County State Zip

State Senatorial District: _____ State Assembly District: _____

Name of CAS Unit: _____



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Beneficiary Form:

Member's Name: _____
Last First Initial

Social Security No. _____ Date of Birth: ____/____/____

(NOTE: The insurance company will not accept application forms unless a social security number is included.)

Designation of Beneficiary: _____
Name Relationship

Address

If additional beneficiary or beneficiaries are designated, please list names and addresses:

1. _____
Name Relationship

Address

2. _____
Name Relationship

Address

3. _____
Name Relationship

Address

Member Signature: _____ Date: ____/____/____