



Grand Council of Guardians Inc.

P.O. Box 022862

Brooklyn, New York 11202

Hotline / Fax (718) 638-8440

Founded 1974

Individual Application

New ____ 20 ____ Renewal ____ (Please Print Information)

I, _____ hereby apply for membership to the Grand Council of Guardians Inc.

Home Address _____ Apt. _____

City _____ State _____ Zip Code _____ Telephone/Cell _____

Rank / Title _____ Shield / ID# _____ City Agency _____ Inst. /Com _____

List below your interests or special skills (Ex. Entertainment, Community, Education Committees)

In case of emergency contact: Name _____ Relationship _____

Address _____ Apt. _____

City _____ State _____ Zip Code _____ Telephone/Cell _____

Dues: \$ 25.00 Dollars, Paid by: Cash ____ or Check ____ Signature _____ Date _____
(Annually)

Received by _____, Signature _____
(Print Name)

Your E-Mail Address _____

Cut off bottom and return to member for filing

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