

**F.D.N.Y. VIKINGS**

**NEW MEMBER APPLICATION FORM**  
**And Update Information Form**

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

NAME: \_\_\_\_\_ RANK : \_\_\_\_\_

UNIT: \_\_\_\_\_ BATTALION: \_\_\_\_\_ DIVISION: \_\_\_\_\_

E-MAIL \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DATE APPOINTED: \_\_\_\_\_ DATE RETIRED: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

**NEXT OF KIN**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PLEASE FORWARD DUES TO: DON THORSEN  
191 THORNYCROFT AVENUE  
STATEN ISLAND, NY 10312

TYPE MEMBERSHIP  
 ACTIVE \$15.00  
 RETIRED \$10.00  
 ASSOCIATE \$10.00

Dear future Viking:

If you are interested we would greatly appreciate your membership.

Sincerely and fraternally,

\_\_\_\_\_  
Ed Thompson, President