



# TRADESMEN FRATERNAL ASSOCIATION

C/O Michael Duffy, Financial Secretary  
252 Melville Road, S. Huntington, New York 11746  
(631) 385-1606

*Please print and mail this form, along with  
a \$5.00 application fee, to the above address.*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E mail address \_\_\_\_\_ Birth Date \_\_\_\_\_ American Citizen? Yes  No

Occupation \_\_\_\_\_ Union \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have any knowledge of a physical disorder, ailment, deformity, defect, or abnormality?  
Yes  No  If yes, state all of the particulars. Use the other side of this application if needed.

Have you ever been rejected, suspended or expelled from this Association? Yes  No  If yes,  
state the particulars below.

I hereby declare all of the answers above to be true and complete. Furthermore, I promise and swear to  
support the officers of the Tradesmen's Fraternal Association and to comply fully with the rules and  
regulations set forth in the Constitution and By-laws.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby declare that I am well acquainted with the applicant and that he is worthy of membership in this  
organization.

Sponsor signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR MEMBERSHIP COMMITTEE USE ONLY

It is the decision of this committee that:

the applicant be recommended for membership .....

if approved, probation will start on        /        /

further investigation is required.....



Chairman signature \_\_\_\_\_ Date \_\_\_\_\_

Membership number