



*New York Welfare Fraud Investigator's Association  
Application for Membership/Renewal*

**Type of Membership**

\_\_\_ Regular \_\_\_ Associate \_\_\_ New Member \_\_\_ Renewal

**Date of Application** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**e-Mail Address:** \_\_\_\_\_

*Membership committee use only*

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\_\_\_ Membership Card \_\_\_ Constitution and Bylaws \_\_\_ Listing  
.....

**Please return with check or voucher for \$25.00 (US) Payable to:**

NYWFIA Membership  
PO Box 302  
Hudson Falls, NY 12839

*Alternatively, you may submit this PDF & Voucher to [support@nywfia.org](mailto:support@nywfia.org)*

*Membership Period is from July 1st through June 30th*