



*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

.....
___ Membership Card ___ Constitution and Bylaws ___ Listing
.....

Please return with check or voucher for \$30.00 (US) Payable to:

NYWFIA Membership
PO Box 302
Hudson Falls, NY 12839

Alternatively, you may submit this PDF & Voucher to support@nywfia.org

Membership Period is from July 1st through June 30th