



NEW YORK STATE POLICE

**INVESTIGATORS ASSOCIATION**

I.U.P.A. • LOCAL 4 AFL • CID



421 LOUDON ROAD, ALBANY, NEW YORK 12211

## **AFFIRMATION**

I affirm that I am a member of NYSPIA, in good standing and that I have been a member for more than one (1) year from the date of my signature.

I affirm that I am seeking the office of “Secretary/Treasurer” of NYSPIA. I am aware that I must serve a term of three (3) years.

I affirm that, if elected, I will accept and serve in the office of “Secretary/Treasurer” of NYSPIA.

PRINT NAME: \_\_\_\_\_

SIGNATURE / DATE: \_\_\_\_\_

**THIS NOMINATING PETITION IS DUE AT THE NYSPIA OFFICE NO LATER THAN COB, 4PM MONDAY MARCH 24, 2025.**

**PETITIONS MAY BE FAXED TO THE NYSPIA OFFICE AT (518) 436-6501.**

**NOMINEES SHOULD INSURE THE RECEIPT OF THE PETITION VIA REGISTERED MAIL OR DIRECT CONTACT WITH THE PRESIDENT OF NYSPIA.**