



NEW YORK STATE POLICE

INVESTIGATORS ASSOCIATION

I.U.P.A. • LOCAL 4 AFL • CIO



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, 4:00 PM THURSDAY JULY 2, 2026.

PETITIONS MAY BE FAXED TO THE NYSPIA OFFICE AT (518) 430-5819.

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