

**Membership Application**

New York State Safe Deposit Association (NYSSDA)  
P.O. Box 5074 – Rockefeller Center Station  
New York, NY 10185  
(516) 883-2390  
[nys.safedeposit@yahoo.com](mailto:nys.safedeposit@yahoo.com)  
[www.nyssda.com](http://www.nyssda.com)

Organization's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For the NYSSDA mailing list and for other contacts,  
the member representative will be:

Member Representative \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Approximate number of safe deposit boxes \_\_\_\_\_

Number of box locations (branches, etc.) \_\_\_\_\_

Would the representative be willing to serve as a NYSSDA officer  
or director: Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please include check for annual dues in amount of \_\_\_\_\_