

# 2022 NEW MEMBER APPLICATION [ Law Enforcement Active/Retired...non-associate ]

LAST NAME , FIRST NAME  M.I.   
 Please complete YOUR DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Religious Affiliation (Optional; for Bereavement) \_\_\_\_\_  
 ALL boxes/lines [ BENEFICIARY NAME & DOB (List Only 1 Name) \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ]  
 & print LEGIBLY [ BENEFICIARY MAILING ADDRESS: \_\_\_\_\_ ]  
 [ Relationship to Member \_\_\_\_\_ Beneficiary Contact Phone #: \_\_\_\_\_ ]

▶ **CONTACT INFORMATION:**

E-Mail Address: [Please print neatly....E-mails utilized to advise of notices/events] \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt/Floor/Unit #: \_\_\_\_\_  
 Borough/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Website: [www.fopny38.org](http://www.fopny38.org) Facebook: FOP NY Lodge 38

▶ **LAW ENFORCEMENT OCCUPATION:**

Still Working?  Retired? Date Retired: \_\_\_\_\_  
 Department/Agency: \_\_\_\_\_ Command / Unit: \_\_\_\_\_ Phone: \_\_\_\_\_

▶ **TELL US ABOUT YOURSELF:**

How did you hear about the FOP?  Referred by another FOP Member: (name) \_\_\_\_\_  Internet  Poster/Flyer  Publication  
 Have you ever been a member of the FOP?  No  Yes, what State & Lodge # \_\_\_\_\_ What year? \_\_\_\_\_ Member # \_\_\_\_\_  
*(Please note: You may **NOT** belong to 2 FOP lodges, regardless of location, at the same time. Transfers can only take place during the Autumn renewal period)*  
 What other Fraternal Organizations do you belong to? \_\_\_\_\_  
 What type of events would you suggest we hold? \_\_\_\_\_  
 List any special skills, resources or contacts that you can offer to help the lodge: \_\_\_\_\_

▶ **MEMBERSHIP FEE:** (effective Sept 1<sup>st</sup>, 2017) **\$55.00** upon application for new/lapsed members....entitling the member to all national, state & local lodge communications, membership qualified benefits, opportunities, membership credentials, and option to participate in professional/social functions.

**Make checks/money orders in the amount of \$55.00 payable to:** "FOP NY Lodge 38". *Membership eligibility will be confirmed prior to acceptance.*

**REMIT complete & signed application to:** "FOP NY Lodge 38 Membership Committee", P.O. Box 38, Middle Island, NY 11953. **THANK YOU for joining!**



You **MUST** enclose a b/w photocopy of your LEO I.D. or a status confirmation letter on department/agency letterhead or your application will be returned....no exceptions!

SIGNATURE/DATE REQUIRED: \_\_\_\_\_ Date: \_\_\_\_\_

**LODGE SECRETARY USE ONLY ▶** Date Received: \_\_\_\_\_ Check # & Amount: \_\_\_\_\_ STATE LODGE W- \_\_\_\_\_