2025 NEW MEMBER APPLICATION [for Active / Retired Law Enforcement Officers]

	LAST NA	ME	,		, FIRST NAM	/IE			M.I.	_
Please complete	YOUR DATE OF BIRTH / / Religious Affiliation (Optional; for Bereavement)									
ALL boxes/lines					e)			DOB:]
& print LEGIBLY	[BENEFICIARY MAILING ADDRESS:]									
	[Relation	ship to Memb	ber		Beneficia	Beneficiary Contact Phone #:]				
E-Mail Address: [Plo	-	-			-					
Street Address:								nit #:		
Borough/Town:						State:	Zip Cod	e:		
Home Phone: ()		Cell #: ()		Website: w	ww.fopny38.org	Facebook:	FOP NY Lod	ge 38
LAW ENFORCEN		PATION: 🗆 S	till Working?	□ Retired?	Date Retired:					
Department/Agency	/ :			C	command / Unit: _		Phone:			
TELL US ABOUT	YOURSELF									
How did you hear about the FOP?						□ Internet □ Poster/Flyer □ Publication				
Have you <u>ever</u> been a member of the FOP? □ No □ Yes, what State & Lodge #							What year?	Memb	er #	
(Please note	e: You may <u>N</u>	<u>OT</u> belong to 2 F	OP lodges, regar	dless of location,	at the same time. Tr	ansfers can only	take place during th	e Autumn rene	wal period)	
What other Fraterna	al Organizati	ons do you be	elong to?							
List any special ski	lls, resource	s or contacts	that you can o	ffer to help th	e lodge:					
			-		-					

▶ MEMBERSHIP FEE (effective Sept 1st, 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!



To ensure and maintain the integrity and security of membership in the FOP, applicants MUST enclose a b/w photocopy of their current law enforcement I.D. or a status confirmation letter on department/agency letterhead or your application will be returned....no exceptions! Thank you for your understanding.

SIGNATURE/DATE REQUIRED: _____

Date:

By signing, you acknowledge that you have read the "Obligation of Membership" printed on the reverse, and you affirm that all info provided herein is true to the best of your knowledge.

LODGE SECRETARY USE ONLY Date Received: _____ Check # & Amount: _____ STATE LODGE W- ____