2026 NEW	MEMBE	R APPLICAT	ION	[for Active	Retired L	aw Enforcei	ment Officers]	
	LAST NAME			, FIRST NAM	/E		M.I.	
Please complete	YOUR DATE O	F BIRTH /	1	Religious Affi	liation (Option	nal; for Bereaven	nent)	
ALL boxes/lines	[BENEFICIAR	Y NAME & DOB (List C	Only 1 Nam	re)		D	OB: ´/	
& print LEGIBLY	[BENEFICIAR	Y MAILING ADDRESS:	AILING ADDRESS:]					
	[Relationship to Member Beneficiary Contact Phone #:					J		
CONTACT INFORMATION: E-Mail Address: [Please print neatlyE-mails utilized to advise of notices/events]								
Street Address:					Apt/Floor/Unit #:			
Borough/Town:					State:	Zip Code	:	
Home Phone: ()	Cell #: ()		Website: wv	vw.fopny38.org	Facebook: FOP NY Lodge 38	
► LAW ENFORCEMENT OCCUPATION: ☐ Still Working? ☐ Retired? Date Retired:								
Department/Agenc	y:			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?								
List any special skills, resources or contacts that you can offer to help the lodge:								
► MEMBERSHIP FEE: (effective August 24 th , 2025) \$60.00 upon application for new/lapsed membersentitling 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 \$60.00 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!								
REMIT complete &	signed applicatio	n to: "FOP NY Lodge 38 N	lembership (Committee", P.O. B	ox 38, Middle Is	sland, NY 11953.	THANK YOU for joining!	
To ensure and maintain the integrity and security of membership in the FOP, applicants <u>MUST</u> enclose a b/w photocopy of their current law enforcement I.D. <u>or</u> a status confirmation letter on department/agency letterhead or your application will be returnedno exceptions! Thank you for your understanding.								
	SIGNATURE/I	DATE REQUIRED:				Date: _		
	By signing, you acknow	vledge that you have read the "Obl	ligation of Memb	pership" printed on the re	verse, and affirm tha	at all info provided herei	n is true to the best of your knowledge.	
LODGE SECRETA	ARY USE ONLY	Date Received:		Check # & A1	nount:		STATE LODGE W	