

2012 NEW MEMBER APPLICATION (ACTIVE / non-associate)

[Please complete all areas and print legibly]

LAST NAME _____ FIRST NAME _____ M.I. _____
 DATE OF BIRTH ____/____/_____
 BENEFICIARY (only one name permitted) _____ (if left blank, the beneficiary will be FOP NY Lodge #38)
 Beneficiary's Relationship to Member _____ Beneficiary D.O.B. ____/____/_____
 Religious Affiliation (only for bereavement purposes) _____

▶ CONTACT INFORMATION:

E-Mail Address: [Please PRINT in BLOCK letters – E-mails utilized to save postage for notices/events] _____

Street Address: _____ Apt/Floor/Unit #: _____

Borough/Town: _____ State: _____ Zip Code: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

▶ LAW ENFORCEMENT OCCUPATION: Still Working? Retired? Date Retired: _____

Department/Agency: _____ Command / Unit: _____ Phone: _____

▶ TELL US ABOUT YOURSELF:

How did you hear about the FOP? Publication Internet Poster/Flyer Co-Worker Another FOP Member: (name) _____

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 Fall 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 July 29th, 2010) **\$45.00** for new members or lapsed members that rejoin, due upon application, which entitles the member to any and all national, state & local lodge mailings, as well as membership benefits, a card & decal, and the opportunity to participate in professional/social functions. **Make checks/money orders in the amount of \$45.00 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 02-1501, Brooklyn, NY 11202-0032.

▶ ▶ SIGN HERE: _____ **Date:** _____

REMINDER! Enclose photocopy of I.D. card or confirmation letter on Dept/Agency letterhead to avoid having the application returned!

<u>To Be Completed by Lodge Secty:</u>	<u>Application Receipt</u> Date Received _____ <input type="checkbox"/> Cash <input type="checkbox"/> Ck/MO # _____ Payment Amount _____	<u>Law Enforcement Verification & Review</u> <input type="checkbox"/> ID/Letter Attached <input type="checkbox"/> Approved for Membership <input type="checkbox"/> Disapproved	<u>Application Processing</u> <input type="checkbox"/> NYSFOP (Gains) Roster <input type="checkbox"/> Lodge 38 Roster <input type="checkbox"/> Member Packet
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