

NEW / RETURNING MEMBER

ACTIVE - 2018

Application Fee: **\$40.00** or
RENEWAL (AFTER 1/1/17): **\$45.00**

MEMBERSHIP APPLICATION

Note: Applications received after July 31 will be applied to the next year's membership

**FRATERNAL ORDER OF POLICE
Robert N. Lucente Memorial Lodge 25
PO Box 1023, Patchogue, NY 11772
(631) 575-7836**

First	Last	Date of Birth
Name: _____	MI: ____ Name: _____	_____
<i>READ: Has your mailing address changed in the last 12 months? If Yes, Provide <u>New</u> mailing address, Otherwise; utilize your current / old mailing address on this form !!</i>		
Address: _____		
City: _____	State: _____	Apt: _____
Home Phone: _____	Cell/Other: _____	ZIP: _____
Work: _____		
Do you have FOP plates ? Provide NYS DMV FOP tag # _____		
Dept./Agency: _____		Command/Unit: _____
Rank/Title: _____		Active/Retired: _____

Circle One:	New Member <small>(Include photocopy of ID)</small>	Returning Member <small>(If membership lapsed)</small>	Renewing Member <small>(If you were a member last year)</small>
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Beneficiary: (First & Last Name) _____	Relationship to You: _____
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Active Membership Qualifications

Active membership in the New York State Fraternal Order of Police Robert N. Lucente Memorial Lodge 25 is open to any regularly appointed or elected full-time, or retired, sworn law enforcement officer **with arrest powers** who is employed by the United States, or a state, city, town, village or political sub-division therein and subject to its Constitution and By-Laws.

I HEREBY DECLARE THAT I AM A FULL-TIME OR RETIRED FULL-TIME LAW ENFORCEMENT OFFICER <u>WITH ARREST POWERS</u> EMPLOYED BY THE UNITED STATES, OR A STATE, CITY, TOWN, VILLAGE OR POLITICAL SUB-DIVISION THEREIN.	
Please remit <u>check or money order payable to: FOP Lodge 25</u>	
Your Check # _____	Check Amount \$ _____
Applicant	
Signature: _____	Date: _____

A photocopy of your law enforcement ID Card (active or retired) or letter from employer on official letterhead verifying your current law enforcement status is required when applying as a New Member!

All categories, whether you are active or retired, must be completed for your application to be considered!
A contact phone number is required! Additional phone numbers and e-mail address is requested.
*** Membership is Valid from January 1st to December 31 st. ***