

New/Returning Member

# ASSOCIATE - 2018

New / Renewing Member: **\$50.00** or

Renewal (AFTER 1/1/18): **\$55.00**

## MEMBERSHIP APPLICATION

**Note:** *Applications received after July 31st 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 Name: _____	Last Name: _____	Date of Birth: _____
MI: _____		
<b><u>READ: Has your mailing address changed in the last 12 months? If Yes, Provide New mailing address, Otherwise; utilize your current / old mailing address on this form !!</u></b>		
Address: _____		
		Apt: _____
City: _____	State: _____	Zip: _____
Home Phone: _____	Cell/Other: _____	Work: _____
E-Mail Address: _____		

<b>Circle One:</b>	<b>New Member</b>	<b>Returning Member</b> <small>(If membership lapsed)</small>	<b>Renewing Member</b> <small>(If you were a member last year)</small>
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**Beneficiary:**

(First & Last Name) _____	Relationship to You: _____
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**Sponsor/Referred By:** \_\_\_\_\_

**Sponsor Contact Info:** \_\_\_\_\_

<b>I HEREBY REQUEST ASSOCIATE MEMBERSHIP IN THE NEW YORK STATE FRATERNAL ORDER OF POLICE ROBERT N. LUCENTE MEMORIAL LODGE 25</b>	
<b>Please remit <u>check or money order payable to:</u> <span style="color:blue;">FOP Lodge 25</span></b>	
<b>Your Check #</b> _____	<b>Check Amount \$</b> _____
<b>Applicant Signature</b> _____	<b>Date:</b> _____

All categories must be completed for your application to be considered!  
A photocopy of your Drivers License for identification purposes, is required  
A contact phone number is required! Additional phone numbers and e-mail is requested. \*  
**MEMBERSHIP IS VALID from JANUARY 1st to DECEMBER 31st \***