



FRATERNAL ORDER OF POLICE
NYC Fire Marshals Lodge #20
P.O. Box 140271
Staten Island, NY 10314-04671



2017 MEMBERSHIP APPLICATION

FULL NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIPCODE:** _____
 NOTE Has your mailing address or e-mail changed in the last year?? If Yes Check here

HOME PHONE: _____ **CELL:** _____ **WORK:** _____

E-MAIL ADDRESS: _____

Circle One: **New Member** **Returning Member** **Renewing Member**
 Member since: _____ *(If Membership Lapsed)* *(If you were a member last year)*

FOP License Plate: Yes ___ No ___ Yes? Plate #: _____ State: _____

*** *New Member: Please send a copy of your Official Department issued ID (application can't be processed without this. State lodge requirement)*

Beneficiary:

Full Name: _____ **Relationship:** _____

Address: _____ **Phone:** _____

Please remit \$45.00 check/money order payable to: Fire Marshals Lodge #20

****mail to address on top of page****

Applicant Signature: _____ **Date:** _____