FRATERNAL ORDER OF POLICE
NYC Fire Marshals Lodge #20
P.O. Box 140271
Staten Island, NY 10314-0271

2018 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**

(If Membership Lapsed) *(If you were a member last year)*

FOP License Plate: __Yes __No __ If Yes: Plate Number:_____

***** 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: _____

Address: _____

PHONE: _____

Please remit $45.00 check or money order payable to: "FOP Lodge #20"
[Mail to address above:]

APPLICANT SIGNATURE:_____
DATE:_____