	FRATERNAL ORDER OF POLICE NYC Fire Marshals Lodge #20 P.O. Box 140271		CHECK #:
Staten Island, NY 10314-0271		(To be filled by member)	
2020 MEMBERSHIP APPLICATION			
FULL NAME:	DATE OF BIRTH:		
ADDRESS:	CITY:	STATE:	ZIPCODE:
<u>NOTE</u> : Has your mailing address or email changed in the last year? If <u>YES</u> check here <u>:</u>			
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:			
*** <u>NEW MEMBERS</u> **: Please send a copy of your Official Department issued ID. (Application CAN NOT be processed without this: <u>State Lodge requirement</u> )			
BENEFICIARY:			
FULL NAME:			
ADDRESS:			
PHONE NUMBER:			
Please remit \$45.00 check or money order payable to: "FOP Lodge #20" [Mail to address above]			
APPLICANT SIGNATURE:		DA1	ſE: