FRATERNAL ORDER OF POLICE

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

CHECK #:

(To be filled by member

2025 MEMBERSHIP APPLICATION

FULL NAME: ADDRESS:		DATE OF BIRTH:			
		CITY:	STATE:	ZIPCODE:	
NOTE: Has your	mailing address or	email changed in th	e last year? If <u>Y</u>	<u>/ES</u> check here <u>:</u>	
HOME PHONE:		CELL:	WORK:		
	E-MAIL ADDRE	:SS <u>:</u>			
CIRCLE ONE:	NEW MEMBER		MBER REN	EWING MEMBER	
FOP LICE	NSE PLATE: YES:	_NO:IF YES :	Plate Number:_		
(A _F	oplication CAN NOT	be processed witho	out this: <u>State L</u>	,	
		BENEFICIARY			
FULL NAME:					
ADDRESS:					
PHONE NUMBER	R:				
Ple	ease remit \$60.00 cł	neck or money orde [Mail to address ab		OP Lodge #20"	
ADDI ICANT SIG	NATURE:		DΔ	re.	