



New York State Fraternal Order of Police NYC CORRECTION LODGE 89 MEMBERSHIP APPLICATION

Hotline # (631) 672-6176

www.nysfopldodge89.org or nysfop89@aol.com

- ACTIVE..... \$40.00
- FAMILY ASSOCIATE..... \$40.00
- ASSOCIATE..... \$50.00
- BUSINESS ASSOCIATE... \$100.00

- NEW MEMBERSHIP
- RENEWAL MEMBERSHIP



ALL APPLICATIONS FOR ACTIVE MEMBERSHIP REQUIRE FULL TIME EMPLOYMENT OR RETIREMENT FROM A LAW ENFORCEMENT AGENCY, WITH POLICE, OR PEACE OFFICER STATUS IN THE STATE OF NEW YORK AS PER THE NYS CRIMINAL PROCEDURE LAW. A COPY OF YOUR AGENCY ID CARD MUST BE ATTACHED TO THIS APPLICATION OR ON FILE. THIS FORM MUST BE SIGNED BY THE APPLICANT.

FIRST NAME:	MI:	LAST NAME:
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STREET ADDRESS:	APT #:	DATE OF BIRTH: / /
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CITY:	STATE:	ZIP CODE:
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AGENCY:	FACILITY:	DATE OF APPOINTMENT: / /
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RANK / TITLE:	SHIELD #:	FOP #:	EMAIL:
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HOME TELEPHONE:	MOBILE TELEPHONE:	TOUR:
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BENEFICIARY FIRST NAME:	BENEFICIARY LAST NAME:
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BENEFICIARY RELATIONSHIP:	BENEFICIARY DATE OF BIRTH: / /	TELEPHONE:
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HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE PLATE NUMBER:
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If accepted for membership, I pledge to respect all laws of the United States, the State of New York, and to support law enforcement in every way I can. If I secure FOP License Plates (ACTIVE MEMBERS ONLY), I understand that such plates must be returned to the DMV if I resign or am removed from membership in this organization. (To apply for license plates, you must be a member in good standing for 1 complete year.) I understand that Fraternal Order Police regulates the use of the FOP name & emblem and I cannot use same on advertising, cards, etc without the express permission of the New York State Fraternal Order of Police. It is required that you submit a copy of your law enforcement identification card with this application. Note: A \$10,000 accidental death or dismemberment insurance policy is included with your paid dues. For this reason, DOB & Beneficiary information must be included on this application. All information is kept strictly confidential. All NEW members must be voted in at a general membership meeting. If you are denied membership, you will be refunded. The application process for NEW members can take 2 to 4 months from January. Renewals must be received before November 1st of each year. There is a minimum of 2 general meetings per year. Elections are every 2 years (even years). Active members in "Good Standing" are eligible to vote. Meeting information, bulletins, and election updates will be posted on the website www.nysfopldodge89.org. Transfer applicants must submit a letter of recommendation from the previous Lodge President or Secretary. Beneficiary must be 18 or older. If no beneficiary is specified, Lodge 89 will be the default beneficiary. Associate members must provide a photocopy of a valid governmental identification card (federal, state, or city) I also attest that I am qualified to apply for membership, and that the information supplied by me on the application is both accurate and truthful in applying for membership, and that any misrepresentation or deception on my part will be grounds for the denial of my application or expulsion from the Order. Lodge 89 is not responsible for lost mail. Please retain a copy of this completed application for your record.

APPLICANT SIGNATURE: X

DATE: / /

Make Checks or Money Orders
Payable to:
NYSFOP LODGE 89
P.O. Box 120156
St. Albans, NY 11412-0156

Meeting Information:

Office use only	
<input type="checkbox"/> LE ID	<input type="checkbox"/> Benef Info
<input type="checkbox"/> Recomm.	<input type="checkbox"/> Payment
<input type="checkbox"/> Sign	
Date Received: ___/___/___	<input type="checkbox"/> Early <input type="checkbox"/> Late
Date Processed: ___/___/___	Voted In <input type="checkbox"/> Yes <input type="checkbox"/> No
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> M/O <input type="checkbox"/> Check# _____	
Amount Received: \$ _____	<input type="checkbox"/> Cash Receipt Issued
Treasurer Init: _____	Membership Init: _____
Exec, VP Init: _____	Secretary Init: _____