

FRATERNAL ORDER OF POLICE
NYC Fire Marshals Lodge #20
P.O. Box 140271
Staten Island, NY 10314-02

CHECK #: _____
(To be filled by member)

2024 MEMBERSHIP APPLICATION

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

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIPCODE:** _____

NOTE: Has your mailing address or email 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 MEMBERS**:** Please send a copy of your Official Department issued ID.
(Application CAN NOT be processed without this: State Lodge requirement)

.....

BENEFICIARY:

FULL NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

Please remit \$60.00 check or money order payable to: "FOP Lodge #20"
[Mail to address above] **YOUR CHECK #:** _____

APPLICANT SIGNATURE: _____ **DATE:** _____