



New York Fraternal Order of Police
Law Enforcement Officers Lodge 911
 PO Box 259 ~Massapequa ~ NY 11758 ~ (516) 986-2288



Active Member Application

(Law Enforcement Officer)

Check One: \$50.00 - New Member \$40.00 - Renewing Member \$45.00 - Renewing after Jan. 1st
 (includes \$5.00 Late Fee)

Please Complete the Following

First Name: _____ **MI:** _____ **Last Name:** _____ **Date of Birth:** _____

Address: _____ **Apt.:** _____

City: _____ **State:** _____ **ZIP:** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

E-Mail Address: _____

Beneficiary (Full Name): _____ **Relationship to You:** _____

Have you ever been a member of the FOP? Yes No If Yes, Lodge#: _____ State: _____ Year: _____

I HEREBY CERTIFY THAT I AM A REGULARLY APPOINTED OR ELECTED FULL-TIME (OR RETIRED) SWORN LAW ENFORCEMENT OFFICER WITH ARREST POWERS EMPLOYED BY THE UNITED STATES, OR A STATE, CITY, TOWN, VILLAGE OR POLITICAL SUB-DIVISION THEREIN AND THAT I HAVE SUCCESSFULLY COMPLETED LAW ENFORCEMENT TRAINING APPROVED BY THE DCJS OR AN APPROPRIATE AGENCY IN THE JURISDICTION OF MY EMPLOY OR VOLUNTEER STATUS. I FURTHER CERTIFY THAT I HAVE NOT BEEN CHARGED OR CONVICTED OF ANY MISDEMEANOR OR FELONY CRIME IN ANY JURISDICTION.

Signature: _____ **Date:** _____

A photocopy of your law enforcement ID Card (active or retired) is required when applying as a New Member!

If accepted for membership I understand that all FOP materials, including ID cards, decals and any other materials, indicating membership in this organization remain the property of the FOP and must be returned upon demand.

Please List Your Current or Last Law Enforcement Assignment

Dept./Agency: _____ **Command/Unit:** _____

Rank/Title: _____ **Active/Retired:** _____

Pay/Mail To: FOP NY Lodge 911
 PO Box 259
 Massapequa, NY 11758

Do Not Write In This Box - For Office Use Only

Date Rec'd: _____ Check #: _____ Amount: _____ Cash: _____ LEO Verified: _____ Acct. #: _____