



## Associate Member Application

(Non-Law Enforcement Personnel - Civilian)

Check One:     \$60.00 - New Member (Includes \$10.00 Initial Processing Fee)     \$50.00 - Renewing Member

**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:** \_\_\_\_\_

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

I CERTIFY THAT I HAVE NOT BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY CRIME IN ANY JURISDICTION.

I ALSO UNDERSTAND THAT IF I AM ACCEPTED FOR MEMBERSHIP IN THE FOP NY LODGE 911 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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sponsor's Name:** \_\_\_\_\_ **Sponsor's Lodge #:** \_\_\_\_\_

**Associate Members must be sponsored by an Active Member of the FOP**

**Employment Information**

**Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Pay/Mail to:**    **FOP NY Lodge 911**  
**PO Box 455**  
**East Islip, NY 11730**

Do Not Write In This Box - For Office Use Only

Date Rec'd: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Verified: \_\_\_\_\_ Acct. #: \_\_\_\_\_