



## Family Member Application

(Non-Law Enforcement Personnel - Family Member of an Active Member of Lodge 911)

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:** \_\_\_\_\_ **Relation to Applicant:** \_\_\_\_\_

**Family Member applicant must be related to and sponsored by an Active Member in FOP NY Lodge 911**

**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. #: \_\_\_\_\_