



*** PLEASE TAKE NOTE OF OUR NEW ADDRESS**
FRATERNAL ORDER OF POLICE
New York State Court Officers Memorial Lodge
Lodge #35
P. O. Box 140295
550 Manor Road, Suite 1, Staten Island, N.Y. 10314-9996
nyfop35.org



FILL OUT APPLICATION COMPLETELY – PLEASE PRINT

ACTIVE AND RETIRED LAW ENFORCEMENT OFFICERS MUST PROVIDE A COPY OF THEIR GOVERNMENT ISSUED ID'S WITH THIS APPLICATION TO COMPLY WITH FOP BY-LAWS

____M ____F
First Name _____ Last _____
Address _____ Home Phone _____
City _____ State _____ Zip _____ D/O/B ____/____/____
Command _____ Title _____
Business Address _____ Business Phone _____
E-Mail Address _____ Cell Phone _____
*Membership Transfer * Former Lodge # _____ *National ID # _____

BENEFICIARY INFORMATION

Beneficiary's Name _____ D/O/B ____/____/____
Address _____ Phone# _____
City _____ State _____ Zip _____
Relationship to Member _____ Year Member Joined FOP _____

I declare my desire for membership in Lodge 35 of the NYS Fraternal Order of Police. I agree with the aims and objectives of the FOP as outlined in the Constitution and By-Laws and I shall conform to the rules of the FRATERNAL ORDER OF POLICE. I also agree to endeavor to further the work of Lodge 35 by fulfilling the obligations of membership, and will submit my membership fee and regularly subscribe my renewal fee to remain a member in good standing.

SIGNATURE _____ TODAY'S DATE _____

Membership shall be open to any regularly appointed, full-time employed or retired law enforcement officer of the United States, New York State, cities, towns, villages, and political subdivision therein, permanently employed or temporarily detailed within the boundaries of the State of New York. Verification of Law Enforcement status is required. Upon application, this entitles the member to membership cards, decals, and newsletters as well as participation in all professional and social functions, Membership also includes a death benefit for ordinary and Accidental Death for members who have joined before the age of 63. Membership dues are for a calendar year and renewals are mailed each fall for the following year.

The Membership Fee is \$55.00 Annually. Select one: Cash / Check / Money Order / Zelle
Check or Money Order To: FOP Lodge 35 Zelle: nylodge35@gmail.com

LODGE USE ONLY: DUES AMOUNT \$ _____ DATE _____ PAID TO _____

FOP MEMBERSHIP APPLICATION ADDENDUM

All applicants are required to sign this form - Incomplete applications will be returned

MEMBERSHIP QUALIFICATIONS

Membership is open to any regularly appointed, full-time (or retired) Law Enforcement Officer of the United States, New York State, cities, towns, villages and political subdivision therein, permanently employed or temporarily detailed within the boundaries of the State of New York.

A Law Enforcement Officer is a Police Officer (as defined in N.Y.S. Criminal Procedure Law Art. 1:20, Sect. 34) a Peace Officer (as defined in N.Y.S. Criminal Procedure Law Art. 2.10) or a Federal Officer (as defined in N.Y.S. Criminal Procedure Law Art. 2:15)

PROOF OF LAW ENFORCEMENT STATUS

Provide a B/W photocopy of your Law Enforcement ID card (active or retired). This copy will not be duplicated and must accompany your application to be processed. Strict compliance with the National FOP Lodge's By-Laws must be observed.

REGULATIONS REGARDING FOP LOGO AND PARAPHERNALIA

If you secure FOP License plates (must be a FOP member for two consecutive years before applying), such plates must be returned to the Department of Motor Vehicles if you resign or are removed from membership in this organization. The National Lodge of the Fraternal Order of Police regulates the use of the copyrighted FOP Name and Logo Emblem and prohibits the use of them in any way without the express written permission of the New York State Fraternal Order of Police. If my membership should be revoked or discontinued for any cause other than retirement while in good standing, I do hereby agree to return to said Lodge my membership card and any other materials bearing the FOP Insignia, such as auto emblems, lapel pins, etc.

RESPONSIBILITIES AS A MEMBER

I hereby declare my desire to apply for membership in the Fraternal Order of Police. I agree with the aims and objectives of the FOP as outlined in the Local, State and National Constitution and By-Laws, And I shall conform to all said rules. I pledge to respect all laws of the United States, the State of New York and to support law enforcement.

I also attest that I am qualified to apply for membership, that the information supplied by me on the applications both accurate and truthful, and that any misrepresentation or deception on my part will be grounds for the denial of my application or expulsion from the Fraternal Order of Police.

AGREEMENT & SIGNATURE

I have thoroughly read both sides of this membership application and hereby agree to all items, as stated, and affix my signature in furtherance of my membership application.

SIGNATURE _____

DATE _____