



*** PLEASE TAKE NOTE OF OUR NEW ADDRESS ***

Fraternal Order of Police
New York State Court Officers Memorial
Lodge #35
P.O. Box 140295
550 Manor Road, Suite 1, Staten Island, N.Y. 10314-9996
nyfop35.org



ASSOCIATE MEMBER APPLICATION

Please Print and Fill Out Application Completely

___M___F

First Name _____ Last Name _____

Address _____ City _____ State _____

Zip _____ Home Phone _____ D/O/B _____

Bus. Add.: _____ Bus. Phone: _____

E Mail Address _____ Cell Phone: _____

Referred By: _____

I declare my desire to become an associate member of Lodge 35 of the FRATERNAL ORDER OF POLICE. I agree with the aims and objectives of the FOP as outlined in the constitution & bylaws and that I shall conform to the rules of lodge 35 of THE FRATERNAL ORDER OF POLICE. I also agree to endeavor to further the work of the Lodge by fulfilling the obligations of membership, and will submit my membership fee and regularly subscribe my annual renewal fee to remain a member in good standing.

SIGNATURE _____ TODAY'S DATE _____

Associate membership shall be open to any person who resides or works in New York State and wishes to support the Lodge in its endeavors. Upon application this entitles the member to State, and local lodge membership cards 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.

BENEFICIARY INFORMATION: Beneficiary's Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Member: _____ Year Member joined FOP: _____

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: _____ Paid To: _____