

FOR OFFICE USE ONLY

Date Received: _____

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P. O. Stephen P. Driscoll Memorial Lodge

NEW YORK STATE FRATERNAL ORDER OF POLICE

PO BOX 7, CARMEL, NEW YORK 10512

Phone: 845-222-0916 / Fax: 845-223-4711

E-mail: fopdriscoll@usa.com / Website: www.fopdriscoll.com

MEMBERSHIP - RENEWAL APPLICATION - 2010

If you would like to join or retain your membership in FOP DRISCOLL MEMORIAL LODGE, simply complete this form and mail it to the lodge with the appropriate dues. The annual fee for law enforcement personnel is \$45.00. Auxiliary members (relatives of Law enforcement personnel) \$45.00, and associate members is \$60.00. Please make your check payable to "FOP DRISCOLL MEMORIAL LODGE" and mail it to the address listed above.

PLEASE PRINT CLEARLY !!!

PLEASE COMPLETE AND MAIL IMMEDIATELY TO OUR POST OFFICE BOX WITH YOUR DUES

Full Legal Name: _____
Alias/Nickname: _____ E-mail address: _____
Address: _____ Apt. #: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

New Member Renewal Transfer (Previous Lodge Number? # _____)

LAW ENFORCEMENT INFORMATION:

Dept. Command/Assignment: _____
(If retired, specify last assignment)
Rank & Shield #: _____ Date Hired: _____
Date Retired: _____ Work Phone: _____

ASSOCIATE/NON LAW ENFORCEMENT INFORMATION:

Company: _____ Phone: _____
Address: _____ Title: _____

AUXILIARY ADDITIONAL INFORMATION:

Law Enforcement Officer: _____
Your relationship: _____
Officer's Dept: _____ Officer's Lodge: _____

BENEFICIARY INFORMATION:

Name: _____ Relationship: _____
Address: _____

MEMBER'S SIGNATURE: _____ D.O.B.: _____ DATE: _____

(ABOVE MUST BE COMPLETED OR BENEFITS WILL BE PAID TO THE ESTATE)

ALL INFORMATION MUST BE COMPLETED SO WE CAN PROPERLY PROCESS THE MEMBERSHIP REQUEST