



P.O. Stephen P. Driscoll Memorial Lodge #704
New York State Fraternal Order of Police - Membership/Renewal
P.O. Box 7, Carmel, New York, 10512
Phone: 845-704-1FOP

E-mail: fopdriscoll@usa.com / Website: www.fopdriscoll.com (All can view/ Members Only may register)

If you would like to join or renew your membership in FOP Driscoll Memorial Lodge, simply complete this form and mail it to the lodge with the appropriate dues and identification. Fees are listed below. Please make your check payable to "**FOP LODGE 704**" and mail it to the address listed above.

"PLEASE PRINT CLEARLY!!!"

Active (Active or Retired Sworn Federal, State or Local Law Enforcement Officer) – **Dues: \$60.00 (Must send a VOID copy of your Law Enforcement ID)**
Family (Immediate Family Member of Active Officer)- Requires Active Family Member ID: **Dues: \$60.00 (Must send copy of Drivers License)**
Associate (Friends of FOP Who Want to Display Their Support of our Lodge): **Dues: \$75.00 (Must have Active Members info. on this form and Drivers Lic.)**

******SPONSOR/ACTIVE MEMBER NAME** (who referred you to us): _____

New Member Renewal Transfer (Previous Lodge # _____)

Personal Information:

First Name: _____ Middle: _____ Last Name: _____

Nickname: _____ Email: _____

Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Previous Lodge: _____ FOP Plates: (Yes – No), Plate # _____ State: _____

Beneficiary Information:

1st Beneficiary/ Last: _____ First: _____ Relationship: _____ DOB: _____

Address: _____

2nd Beneficiary/ Last: _____ First: _____ Relationship: _____ DOB: _____

Address: _____

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

Law Enforcement Information:

Department/ Command/ Assignment: (If retired, list last assignment): _____

Rank: _____ Shield Number: _____

Date Hired: _____ Date Retired: _____

ASSOCIATE / FAMILY MEMBERSHIP:

Active Members Last Name: _____ First: _____

Active Member Email Address: _____

Active Member Date of Birth: _____

Your Relationship to this Active Family Member: _____

(This information will be verified before application is accepted)

ASSOCIATE MEMBER (Non-Law Enforcement):

Associate Member Type: **Individual** (Complete above Personal information)

Business (Complete above Personal and below Business information)

Business Information:

Company: _____

Address: _____

Phone: _____

Contact: _____

SIGNATURE: _____ **DATE:** _____

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

FOR OFFICE USE ONLY: Date Received: _____ **Payment:** _____ -Cash -Check # _____

ID Verified by: _____ **Type of ID:** _____

Entered into DB by: _____ **(Name)/ Date:** _____