



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: 646-773-0839
E-mail: fopdriscoll@usa.com / Website: www.fopdriscoll.com

To join or renew in FOP Driscoll Memorial Lodge, 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" or use Venmo: @FOP704 or PayPal: treasurer@fop704.org or Zelle tag: fop704

"PLEASE PRINT CLEARLY!!!"

Active (Active or Retired Sworn Federal, State or Local Law Enforcement Officer) – **Dues: \$60.00** (Must send a VOIDED 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 Driver's License)

Associate (Friends of FOP Who Want to Display Their Support of our Lodge): **Dues: \$75.00** (Must have Active Members info. and Driver's Lic.)

I, the undersigned, a full-time, regularly employed law enforcement Officer or a retired Officer or Associate/Family member do hereby make application for active membership in Driscoll Lodge #704. If my membership should be revoked or discontinued for any cause other than retirement while in good standings, I do hereby agree to return to Lodge #704 my membership card and any other material bearing the FOP insignia.

SIGNATURE: _____ **DATE:** _____

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

FOP SPONSOR/ACTIVE MEMBERS NAME (who referred you to us): _____
() New Member () Renewal, **Member #** _____ () Transfer (Previous Lodge # _____)

Applicant Info.:

First Name: _____ Middle: _____ Last Name: _____

DOB: _____ [] Email: _____

[] Address: _____

[] City/Town: _____ State: _____ Zip: _____

[] Home Phone: _____ Cell Phone: _____ Work: _____

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

[] **Beneficiary Info.:** Name: _____ Relationship: _____ DOB: _____

Address: _____

(ABOVE MUST BE COMPLETE OR BENEFITS WILL BE PAID TO THE ESTATE) (ADDITIONALS NAMES ON BACK)

Law Enforcement Info.: Agency/Command: (If retired, list last assignment): _____

Rank: _____ Shield Number: _____ Date Hired: _____ Date Retired: _____

ASSOCIATE / FAMILY MEMBERSHIP:

Active Members First Name: _____ Last: _____

Active Member Email Address: _____ DOB: _____

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 Applicant information)

() **Business** (Complete above Applicant and below Business information)

Business Information:

Company: _____ Contact: _____

Address: _____ Phone: _____

[] – CHECK THESE BOXES IF NEW INFORMATION / Payment via: []-Venmo, []-PayPal, []-Zelle

****OFFICE USE ONLY:**

Date Received: _____ Payment: _____ []-Cash []-Check # _____

ID Verified by: _____ Type of ID: _____

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