



Fraternal Order of Police

Loyal Knights of New York

Lodge 222

P.O. Box 130153, New York, New York 10013



2012

Application Form For Active/Associate Membership New Member

Annual Membership Dues \$40.00 + First Time Application/Initiation/Filing Fee \$5.00

Checks should be made out to 'Loyal Knights of New York Lodge 222' for a Total of \$45.00

ALL APPLICATIONS FOR ACTIVE MEMBERSHIP REQUIRES EMPLOYMENT BY A LAW ENFORCEMENT AGENCY AND POLICE/PEACE OFFICER STATUS AS PER STATUTE. EMPLOYMENT CONFIRMED PRIOR TO ACCEPTANCE. A PHOTO COPY OF YOUR OFFICIAL ID IS REQUIRED WITH APPLICATION. FALSIFYING INFORMATION IS A VIOLATION OF THE LAW.

FULL LEGAL NAME: _____

ADDRESS (APT#, ETC.): _____

CITY/STATE/ZIP+4: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

HOME PHONE #: _____ WORK PHONE #: _____

AGENCY/DEPARTMENT: _____ TITLE/RANK: _____

PRESENTLY WORKING: YES: ___ NO: ___ (IF NO, RETIREMENT DATE): _____

BENEFICIARY INFORMATION:

FULL NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

BENEFICIARY INFORMATION IS REQUIRED FOR A \$10,000.00 ACCIDENTAL DEATH AND DISMEMBERMENT AND \$1,000.00 SURVIVORS AID DEATH BENEFIT COVERAGE. THE ACCIDENTAL DEATH AND DISMEMBERMENT APPLIES TO BOTH ACTIVE AND ASSOCIATE MEMBERS. THE SURVIVORS AID DEATH BENEFIT ONLY APPLIES TO BENEFICIARY OF ACTIVE/ RETIRED LAW ENFORCEMENT MEMBERS

HAVE YOU EVER BEEN AN FOP MEMBER IN THE PAST? YES: ___ NO: ___

IF YES, PLEASE INDICATE WHERE AND WHEN: _____

ADDRESS FOR MAILING FOP MATERIALS IF DIFFERENT FROM ABOVE: _____

DO YOU HAVE A COMPUTER?: YES: ___ NO: ___ IF SO, E-MAIL ADDRESS: _____

APPLICANT SPONSORED BY: _____

THIS APPLICATION IS FOR: (CIRCLE ONE) ACTIVE MEMBER ASSOCIATE MEMBER

IF FOR ASSOCIATE MEMBERSHIP: (CIRCLE ONE) CIVILIAN ASSOCIATE FAMILY ASSOCIATE

If accepted for membership, I understand that all Fraternal Order of Police materials including ID cards, decals and other materials indicating membership in this organization remains the property of the Fraternal Order of Police, and must be returned upon demand. If I secure FOP license plates (ACTIVE MEMBERS ONLY), I understand that such plates must be returned to the Department of Motor Vehicles if I resign or am removed from membership in this organization. I understand that the Fraternal Order of Police regulates the use of the Fraternal Order of Police name and emblem and I cannot use same on advertising, cards, etc., without the express permission of the National Grand Lodge or New York State Lodge of the Fraternal Order of Police.

Signature Required: _____ Date: _____

SIGNATURE REQUIRED FOR BOTH ACTIVE AND ASSOCIATE APPLICANTS

FOR OFFICE USE ONLY

RECEIVED: _____ CHECK #: _____ AMOUNT: _____ EMPLOYMENT CONFIRMED: _____

ACCEPTED: ___ DENIED: ___ JUSTIFICATION: _____