



Fraternal Order of Police

Loyal Knights of New York
Lodge 222

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

www.fop222.org

2026

- New Member \$60
- Active Renewal \$55
- Associate \$50

Application Form for Active/Associate Membership

Checks should be made out to "Loyal Knights of New York Lodge 222"

ALL APPLICATIONS FOR ACTIVE MEMBERSHIP REQUIRES EMPLOYMENT BY A LAW ENFORCEMENT AGENCY AND POLICE/PEACE OFFICER STATUS AS PER STATUTE. EMPLOYMENT WILL BE VERIFIED PRIOR TO ACCEPTANCE. A PHOTO COPY OF YOUR OFFICIAL ID IS REQUIRED WITH APPLICATION. FALSIFYING INFORMATION IS A VIOLATION OF THE LAW. ALL NEW AND RENEWAL MEMBERSHIPS WILL BEGIN JANUARY 1, 2026.

FULL LEGAL NAME: _____

ADDRESS (APT#, ETC.): _____

CITY/STATE/ZIP+4: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

HOME PHONE #: _____ WORK PHONE #: _____

AGENCY/DEPARTMENT: _____ TITLE/RANK: _____ Shield/I.D. # _____

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 ONLY.

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

IF YES, PLEASE INDICATE WHERE AND WHEN: _____

DO YOU HAVE FOP PLATES? YES _____ NO _____ E-MAIL ADDRESS: _____

REFERRED BY ACTIVE LODGE MEMBER: _____

If accepted for membership, I understand that all Fraternal Order of Police materials including ID cards, decals and other materials indicating membership remains the property of the Fraternal Order of Police, and must be returned upon demand. I understand that the Fraternal Order of Police regulates the use of the Fraternal Order of Police name and emblem, and I cannot use the Fraternal Order of Police logo or related materials, without the express permission of the National Grand Lodge or New York State Lodge of the Fraternal Order of Police.

If I secure FOP license plates (ACTIVE MEMBERS ONLY), I understand these specialized plates must be returned to the NYS Department of Motor Vehicles if I resign or my membership is rescinded

Signature Required: _____ Date: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ PAYMENT TYPE: PP CASH CHECK/MO. _____ AMOUNT: _____

SPONSORED BY: _____ Employment Verified: _____