



New York Fraternal Order of Police
 Law Enforcement Officers Lodge 911
 PO Box 445, East Islip, NY 11730
 (516) 986-2288



Active Member Application

(Law Enforcement Officer - Actively Employed or Retired)

Check One: \$60.00 - New Member (Includes \$10.00 Initial Processing Fee) \$50.00 - Renewing Member

Please Complete the Following

First Name: _____ MI: _____ Last Name: _____ Date of Birth: _____

Address: _____ Apt.: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____

Beneficiary (Full Name): _____ Relationship to You: _____

Have you ever been a member of the FOP? Yes No If Yes, Lodge#: _____ State: _____ Year: _____

I HEREBY CERTIFY THAT I AM A REGULARLY APPOINTED OR ELECTED FULL-TIME EMPLOYED (OR RETIRED) SWORN LAW ENFORCEMENT OFFICER WITH ARREST POWERS EMPLOYED BY THE UNITED STATES, OR A STATE, CITY, TOWN, VILLAGE OR POLITICAL SUB-DIVISION THEREIN AND THAT I HAVE SUCCESSFULLY COMPLETED LAW ENFORCEMENT TRAINING APPROVED BY THE DCJS OR AN APPROPRIATE AGENCY IN THE JURISDICTION OF MY EMPLOY. I FURTHER CERTIFY THAT I HAVE NOT BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY CRIME IN ANY JURISDICTION.

I ALSO UNDERSTAND THAT IF I AM ACCEPTED FOR MEMBERSHIP IN THE FOP NY LODGE 911 THAT ALL FOP MATERIALS, INCLUDING ID CARDS, DECALS AND ANY OTHER MATERIALS INDICATING MEMBERSHIP IN THIS ORGANIZATION REMAIN THE PROPERTY OF THE FOP AND MUST BE RETURNED UPON DEMAND.

Signature: _____ Date: _____

A photocopy of your law enforcement ID Card (active or retired) is required when applying as a New Member!

Please List Your Current or Last Law Enforcement Assignment

Dept./Agency: _____ Command/Unit: _____

Rank/Title: _____ Active/Retired: _____

**Pay/Mail To: FOP NY Lodge 911
 PO Box 445
 East Islip, NY 11730**

Applicant - Do Not Write In This Box - For Office Use Only

Date Rec'd: _____ Check #: _____ Amount: _____ Cash: _____ LEO Verified: _____ Acct. #: _____