**Associate Membership Application**

**Check one: New Member\_\_\_\_\_\_ Membership Renewal\_\_\_\_\_ Transfer\_\_\_\_\_\_\_\_**

Please ensure that all requested information is accurate and legible. All Names should be as they appear on their ID. **Fill in all blank spaces. Don’t forget to sign and date the application. A COPY of your NYS photo ID card, centered on a separate piece of paper is required for our records. Membership applications and payment MUST be returned before October 16. Applications not returned before the due date will result in the suspension of your membership, which could lead in a lapse in membership to include loss of the Accidental Death and Survivor Aid benefits.** Use new application for any changes. Keep a copy of this application for your records.

**Make your $65.00 check or money order payable to: NYS FOP Suffolk Lodge 124 and mail it with the requested documentation to the address listed above.**

Full (F/M/L) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beneficiary Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby declare that I do meet the criteria for associate membership (non-law enforcement). I am at least 18 yrs old and sponsored by an Active or Associate member, who is in “Good Standing” with the FOP lodge. I further certify that I have not been convicted of a felony in any jurisdiction. If accepted for membership, I understand that any and all FOP Materials including ID cards, decals in membership remain the property of the FOP and must be returned upon request.

Sponsor’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Active or Associate

**Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**----------------------------------------------------- Office Use Only---------------------------------------------------**

Received \_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_ Verified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accepted \_\_\_\_\_\_ Denied \_\_\_\_\_\_\_ Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_