BIG APPLE LODGE 102

Membership Application

Date_____

Last Name_____

First Name_____
Address_____
City_____State_____Zip Code_____

Tel #_____ DOB_____

Date of appointment_____
Dept_____Rank_____Command_____
Email Address_____
Members Beneficiary
Name_____
Relationship_____
Address_____
City_____State_____Zip code_____
Tel#_____

Members Signature_____

Sponsored By_____

Check one: Active( ) Active Retired( ) Associate( ) Family( )

Check one: New( ) Renewal( )

Dues: $55 per year due October 1st each year

Mail to:

NYSFOP-Big Apple Lodge

9-14 150 street Whitestone, NY 11357

Associates enclose a photocopy of drivers license. LEO,s enclose copy of dept ID.