

Fraternal Order of Police



POLICE SURGEON'S LODGE - SA03

www.nyspolicesurgeonslodge3.com

New Member Application

Please fill in all information including your preferred mailing address

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: () _____ HOME FAX: () _____

DATE OF BIRTH: _____ SOC. SECURITY #: _____

(It is important to have DOB and SS# for coverage of insurance policy issued through the FOP)

OCCUPATION: _____ SPECIALTY: _____

PLACE OF EMPLOYMENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: () _____ WORK FAX: () _____

CELL PHONE: () _____

E-MAIL ADDRESS: _____

(MANDATORY) - All communication is done through e-mail)

SPOUSE'S NAME: _____ REFERRED BY: _____

Upon appointment/acceptance of the application, I have reviewed and agree to abide by the [Constitution and By-laws](#) of the State of New York/Empire State Lodge, Lodge SA03/Surgeons Lodge of the Fraternal Order of Police. In the event of the termination of my membership, whether voluntary or imposed by the Lodge or administration, I in good faith promise/agree to return the "NYS-FOP SURGEON" or "NYS-FOP ASSOCIATE" badge/shield that was issued to me and any other identifications/Lodge property that may be requested. I understand that the badge/shield issued to me remains non-transferable property of the New York State FOP Empire State Lodge for the duration of its existence. I also understand that while the shield remains in my possession it is only leased by me and its possession does not imply any ownership of the badge. As such, I understand these conditions and will return all identification/Organization documentation in my possession and the badge within 15 business days of receiving the request.

I have read and agree to abide by the terms of this application and the Shield Policy Notice on the revers side.

Signature

Date of Application

Checklist: \$400 Application fee _____ JPG Photo e-mailed _____ Read [Constitution and By-laws](#) _____

FOR OFFICIAL USE ONLY (Do not fill out below this line)

DUES R'CD: _____ SHIELD ISSUED: _____ PHOTO R'CD: _____
MEMBER NOTIFIED: _____ MEMBER SINCE: _____ Rev. 10/21/15

