



P gy 'l qtnlUcvg"HtcvgtpciQtf gt"qh'Rqrleg"
 O GO QTKCN'NQF I G'322"
 RQ"Dqz'2; 2: 86"
 Dtqqm{p."P ["3342; /2: 86"

HQR"Ncy "Gphqtego gpv'Qhleg"&8202"
 Cwzkrkt {.tgrvkg"&8202"
 Cuuqekcvg.'twr r qtvt"& 2022
 P gy 'Cr r rdecvkpp"
 *****Ur qpuqt-aaaaaaaaaaaaaaaaaaaaaaaaaaaa
 RNGCUG'EJ GEMDQZ'KH'CP ['EJ CPI GU

MEETING LOCATION: 901 Lakeville Road New Hyde Park, NY usually 1st Wednesday of the month

2024 NEW MEMBERSHIP OR RENEWAL APPLICATION

If you would like to join or retain your membership in Memorial Lodge 100, simply complete this form and mail it to the lodge with the appropriate dues. The annual fee for law enforcement personnel is \$60.00, Auxiliary members (relatives of law enforcement personnel) \$60.00, and Associate members \$90.00. See website for definition of membership category. Please make your check payable to "NYS FOP Memorial Lodge 100" and mail it to the address listed above. Our lodge covers the entire City of New York and surrounding area. If you are transferring lodges, please indicate where it says FOP #: the lodge you are currently a member and notify the lodge in writing with a copy to our lodge.

FULL LEGAL NAME: _____ MEMBER #: _____
 NICKNAME: _____ E-MAIL ADDRESS: _____
 ADDRESS: _____ APT#: _____
 CITY: _____ STATE: _____ ZIP+4: _____
 HOME/CELL PHONE: _____ DATE OF BIRTH: _____
 FOP LICENSE PLATE NUMBERS _____, _____, _____

LAW ENFORCEMENT INFORMATION:

(New applicants must include a copy of their department I.D. card (active or retired))
 DEPT./COMMAND/ASSIGNMENT: _____
 (If retired, specify last assignment)
 RANK & SHIELD #: _____ DATE HIRED: _____
 (If retired, specify last rank & shield #)
 DATE RETIRED: _____ WORK PHONE #: _____

ASSOCIATE/NON LAW ENFORCEMENT OCCUPATIONS:

COMPANY: _____
 ADDRESS: _____
 PHONE: _____
 PRODUCT/SERVICE: _____ TITLE: _____

AUXILIARY ADDITIONAL INFORMATION:

YOUR RELATIONSHIP: SPOUSE, PARENT, SIBLING, CHILD, OTHER _____
 LAW ENFORCEMENT OFFICER: _____
 OFFICER'S DEPT.: _____ OFFICER'S LODGE: _____

BENEFICIARY INFORMATION:

NAME: _____ RELATIONSHIP: _____
 ADDRESS: _____

(ABOVE MUST BE COMPLETED OR BENEFITS WILL BE PAID TO ESTATE)

Member's signature: _____ Date: ____/____/____
 (ALL INFORMATION MUST BE COMPLETED SO THAT WE CAN PROPERLY PROCESS THE MEMBERSHIP APPLICATION) Any question, contact lodge at: nysfoplodge100@aol.com