



Name _____ Date _____

Address _____

DOB ____/____/____ Home Phone _____ Work _____ Cell Phone _____

Email address _____

Agency _____

Address _____

Date of Appointment ____/____/____ Full Time Y / N Rank _____

Academy Attended _____

Sponsoring Member _____

Sponsoring Member Signature _____

Beneficiary _____

Relationship _____

Applying for: Active Associate Retired Y / N

Dues paid (\$50.00) Date ____/____/____ Cash/Check No. _____

Make checks payable to: CNYFOP#315.

Applicant Signature _____

If accepted for membership, I pledge to respect all laws of the United States, the State of New York and to support law enforcement in every way that I can. If I secure FOP license plates (ACTIVE members only), I understand that said license plates must be returned to the DMV if I resign or am removed from FOP membership. I understand that the FOP regulates the use of the FOP name and emblem and I cannot use the same on advertising, cards, etc., without the express permission of the New York State Fraternal Order of Police.

Furthermore, I understand that photocopy proof of employment/eligibility accompanying this application is required.

Have you ever been a member of the Fraternal Order of Police? Y / N

If yes, Lodge State, Name and Number _____

Have you ever been convicted of a felony? Y / N

Received ____/____/____ Accepted ____/____/____ Declined ____/____/____

Comments _____

Send Application to: CNYFOP315
 PO Box 2801
 Liverpool NY 13089-2801