

NEW/RETURNING MEMBER

ASSOCIATE - 2012

RENEWING MEMBER: **\$45.00** Or

RENEWAL (AFTER 1/1/12): **\$50.00**

MEMBERSHIP APPLICATION

**FRATERNAL ORDER OF POLICE
Robert N. Lucente Memorial Lodge 25
PO Box 1023, Patchogue, NY 11772
(631) 575-7836**

First Name: _____	MI: _____	Last Name: _____	Date of Birth: _____
Address: _____			Apt.: _____
City: _____		State: _____	ZIP: _____
Home Phone: _____	Cell/Other: _____	Work: _____	
E-Mail Address: _____			

Circle One:	New Member	Returning Member (If membership lapsed)	Renewing Member (If you were a member last year)
--------------------	-------------------	---	--

Beneficiary: (First & Last Name) _____	Relationship to You: _____
--	-----------------------------------

Sponsor/Referred By: _____
Sponsor Contact Info: _____ _____

I HEREBY REQUEST ASSOCIATE MEMBERSHIP IN THE NEW YORK STATE FRATERNAL ORDER OF POLICE ROBERT N. LUCENTE MEMORIAL LODGE 25	
Applicant Signature: _____	Date: _____

All categories must be completed for your application to be considered!
A contact phone number is required! Additional phone numbers and e-mail address are optional.

* MEMBERSHIP IS VALID from JANUARY 1st to DECEMBER 31st *

Please remit check or money order payable to: FOP Lodge 25