

NEW/RETURNING MEMBER  
or RENEWAL (AFTER 1/1/08): \$40.00  
RENEWING MEMBER: \$35.00

**ASSOCIATE - 2009**  
**MEMBERSHIP APPLICATION**

**FRATERNAL ORDER OF POLICE**  
**Nassau County Lodge 25, Inc.**  
**PO Box 787, Mineola, NY 11501**  
**(718) 426-9660**

<b>First Name:</b> _____	<b>MI:</b> _____	<b>Last Name:</b> _____	<b>Date of Birth:</b> _____
<b>Address:</b> _____			<b>Apt.:</b> _____
<b>City:</b> _____		<b>State:</b> _____	<b>ZIP:</b> _____
<b>Home Phone:</b> _____	<b>Cell/Other:</b> _____	<b>Work:</b> _____	
<b>E-Mail Address:</b> _____			
<b>Winter Address:</b> (If Applicable) _____			<b>From:</b> _____ <b>To:</b> _____

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

<b>Beneficiary:</b> (First & Last Name) _____	<b>Relationship to You:</b> _____
--	-----------------------------------

<b>Sponsored/Referred By:</b> _____
-------------------------------------

<b>I HEREBY REQUEST ASSOCIATE MEMBERSHIP IN THE NEW YORK STATE FRATERNAL ORDER OF POLICE NASSAU COUNTY LODGE 25, INC..</b>	
<b>Applicant Signature:</b> _____	<b>Date:</b> _____

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, Inc.