



*Fraternal Order of Police*  
**New York State Court Officers Memorial  
 Lodge #35**  
 P.O. Box 152, Hicksville, N.Y 11802  
 Website: [nyfop35.org](http://nyfop35.org)  
[nyfop35@nyfop35](mailto:nyfop35@nyfop35).



**ASSOCIATE MEMBER APPLICATION**

Please Print and Fill Out Application Completely

\_\_\_M \_\_\_F

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ D/O/B \_\_\_\_\_

Bus.Add.: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

E Mail Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Referred By: \_\_\_\_\_

I declare my desire to become an associate member of Lodge 35 of the FRATERNAL ORDER OF POLICE. I agree with the aims and objectives of the FOP as outlined in the constitution & bylaws and that I shall conform to the rules of lodge 35 of THE FRATERNAL ORDER OF POLICE. I also agree to endeavor to further the work of the Lodge by fulfilling the obligations of membership, and will submit my membership fee and regularly subscribe my annual renewal fee to remain a member in good standing.

SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

Associate membership shall be open to any person who resides or works in New York State and wishes to support the Lodge in its endeavors. The membership fee is **\$50.00** for new Members and **\$45.00** for renewals. Upon application this entitles the member to state, and local lodge membership cards and newsletters, as well as participation in all professional and social functions.

BENEFICIARY INFORMATION: Beneficiary's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Year Member joined FOP: \_\_\_\_\_

MAKE ALL CHECKS PAYABLE TO: **FOP LODGE 35**

**Lodge Use Only: Dues Amount: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Paid To: \_\_\_\_\_**