



**Fraternal Order of Police
Capital District Lodge N.Y. # 14**

Attention John McGrath, Secretary
PO Box 3904
Albany, N.Y. 12203
E-Mail: info@fopalbany.com



2018 APPLICATION FOR ACTIVE or ASSOCIATE MEMBERSHIP **(\$45.00)**

Renewal Yes / No **If renewal member since** _____

NEW MEMBERS PLEASE INCLUDE A PHOTOCOPY OF YOUR POLICE IDENTIFICATION OR A LETTER FROM YOUR DEPARTMENT

Name: First: _____ M.I. ____ Last: _____

D.O.B. _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Department: _____

Retired: Yes / No Rank: _____

NEW: WE HAVE REQUESTS FOR A DIRECTORY – COPIES ONLY FOR FULLY PAID MEMBERS - PLEASE INDICATE IF YOU WANT YOUR INFORMATION SHARED WITH OTHER LODGE MEMBERS (NAME, ADDRESS, PHONE, E-MAIL) Please check below:

YES - INCLUDE ME _____ NO, DO NOT LIST MY INFORMATION _____

LIST ONLY THE FOLLOWING _____

Beneficiary Information: (Benefits cannot be paid unless payee is listed here)

Name: _____ Relationship: _____

Address: _____

Contact Number: _____

I HERBY DECLARE THAT I AM A FULL TIME LAW ENFORCEMENT OFFICER OF THE U.S., NEW YORK STATE, CITIES, TOWNS, VILLAGES & SUB-DIVISIONS WHEREIN EMPLOYED OR TEMPORILY DETAILED OR HAVE RETIRED FROM SUCH EMPLOYMENT.

MEMBERS SIGNATURE: _____ DATE: _____