

# Fraternal Order of Police



POLICE SURGEON'S LODGE - SA03

www.nyspolicesurgeonslodge3.com

## New Member Application

*Please fill in all information including your preferred mailing address*

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ HOME FAX: ( ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOC. SECURITY #: \_\_\_\_\_

(It is important to have DOB and SS# for coverage of insurance policy issued through the FOP)

OCCUPATION: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_ WORK FAX: ( ) \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**(MANDATORY)** - All communication is done through e-mail)

SPOUSE'S NAME: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

*Upon appointment/acceptance of the application, I have reviewed and agree to abide by the [Constitution and By-laws](#) of the SA03/Surgeons Lodge of the Fraternal Order of Police. In the event of the termination of my membership, whether voluntary or imposed by the Lodge or administration, I in good faith promise/agree to return the "NYS-FOP SURGEON" or "NYS-FOP ASSOCIATE" material that was issued to me and any other identifications/Lodge property that may be requested. As such, I understand these conditions and will return all identification/Organization documentation in my possession within 15 business days of receiving the request.*

*I have read and agree to abide by the terms of this application and the Notices on the reverse side.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

Checklist: \$400 Application fee \_\_\_\_\_ JPG Photo e-mailed \_\_\_\_\_ Read [Constitution and By-laws](#) \_\_\_\_\_

**FOR OFFICIAL USE ONLY (Do not fill out below this line)**

DUES R'CD: \_\_\_\_\_ ID ISSUED: \_\_\_\_\_ PHOTO R'CD: \_\_\_\_\_

MEMBER NOTIFIED: \_\_\_\_\_ MEMBER SINCE: \_\_\_\_\_ Rev. 5/25/16

## Photo ID Policy Notice

1. **MANDATORY** - Please send a passport style picture in JPG format on a light blue or white background.
2. **NO red backgrounds allowed.** Red is used to indicate a firearms license to law enforcement.

## Social Security Privacy Notice

3. Membership benefits include a NY State FOP Accidental Death Policy for which your Social Security number is required. No record of your Social Security number is kept by the Lodge.

## Dues Policy

4. Membership dues requests are e-mailed in July.
5. Dues paid after September 30<sup>th</sup> of the billing cycle will incur a \$50 surcharge.
6. Dues paid after December 31<sup>st</sup> of the billing cycle will incur a \$100 surcharge.

One time Application Fee and first Annual Leasing Fee: \$200  
Annual Dues: \$200  
Total Payment Due (with application): **\$400**  
(In subsequent years, there is a **\$50 Annual Leasing Fee**)

Please make check payable to: **FOP Surgeons Lodge SA03 or FOP SA03**  
**Mail to:** Gerald Ente, MD  
NYS Fraternal Order of Police SA03  
P.O. Box 742  
Hicksville, NY 11802-0742

## MANDATORY

- Please send a passport style picture in JPG format on a **blue or white background** (*NOT red*) to [entedoc@aol.com](mailto:entedoc@aol.com)
- You must agree to abide by the [Constitution and By-laws](http://www.nyspolicesurgeonslodge3.com/Bylaws2012.pdf) (<http://www.nyspolicesurgeonslodge3.com/Bylaws2012.pdf>) of the State of New York/Empire State Lodge SA03/Surgeons Lodge of the Fraternal Order of Police.

ONLY THE FIRST PAGE OF THIS APPLICATION NEED BE SUBMITTED.  
SAVE THIS PAGE AS RECEIPT. CHECK #: \_\_\_\_\_ DATE: \_\_\_\_\_