

Fraternnal 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: _____

APPLICATION DATE: _____

One time Application Fee and Shield Leasing Fee: \$200

Annual Dues: \$200

Total Payment Due (with application): \$400

(In subsequent years, there is a \$50 Annual Leasing Fee)

Please send a passport style picture on a **blue or white background** (NOT red) to entedoc@aol.com

Please make check payable to: **FOP Surgeons Lodge SA03**

or: **FOP SA03**

Mail to: Gerald Ente, MD
30 Pond Road
Woodbury, NY 11797

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

NOTICE:

ANY MISUSE OF THE N.Y.S.F.O.P. SHIELD WILL MEAN FORFEITURE OF SHIELD. THIS SHIELD REMAINS THE PROPERTY OF THE NEW YORK STATE EMPIRE LODGE.

DUES R'CD: _____ SHIELD ISSUED: _____ PHOTO R'CD: _____

MEMBER NOTIFIED: _____ MEMBER SINCE: _____