

Fraternl Order of Police



POLICE SURGEONS AND ASSOCIATES LODGE - SA03

<http://www.nyspolicesurgeonslodge3.com/>

New Member Application

Please fill in all information including your preferred mailing address

LAST NAME: _____ FIRST NAME: _____ MI: _____ DEGREE: _____
MAILING/HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: () _____ HOME FAX: () _____
DATE OF BIRTH: _____

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)

INSURANCE BENEFICIARY: _____
REFERRED BY: _____

All issued credentials are and will remain the property of SA03. Misuse will lead to termination of membership. There is a \$250.00 fee for lost/unreturned credentials.

I am leasing the credentials while I am a member in good standing. I do not own the credentials. I have never been convicted of a felony.

Signature _____ Date of Application _____

Checklist: \$500 Application fee _____ JPG Photo e-mailed _____

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

DUES R'CD: _____ ID ISSUED: _____ PHOTO R'CD: _____
MEMBER NOTIFIED: _____ MEMBER SINCE : _____ Rev. 5/16/19

Membership Requirements

1. Applicant must be over 25 years of age.
2. Applicants must be referred by a member in good standing.
3. Copy of professional license.
4. Applicant must live or work in New York State.
5. Fully completed application, including e-mail address.
6. Never have been convicted of a felony.

Membership Rules

1. Credentials are property of the Lodge.
2. Upon disengagement all credentials must be returned.
3. Annual dues are due in July of the preceding year. Administrative fees are added for delinquent payments.
4. **Any misuse** of credentials will result in termination of membership.

Fees

Application Fee and Initiation Fee (One Time): \$500
Future Dues will be \$350 annually

Please make check payable to: **NYSFOP Surgeons Lodge SA03** or **FOP SA03**
Mail to: NYS Fraternal Order of Police SA03
P.O. Box 100
Bridgehampton, NY 11932

1. Administrative fees:
 - a. Dues paid after September 30th of the billing cycle will incur a \$50 administration fee.
 - b. Dues paid after December 31st of the billing cycle will incur a \$100 administration fee.
2. The FOP provides a \$10,000 Accidental Death insurance policy to all members as a benefit. Please provide the name of a Beneficiary.

Photo ID Policy Notice

- Please send a passport style picture in JPG format on a **light colored background** (*NOT RED*) to nysfopsa03@gmail.com.

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