



New York State Fraternal Order of Police  
**BRONX COURTS LODGE 46**

265 East 161<sup>st</sup> St

Bronx, NY 10451

contact@nysfop46.org

**NEW/RENEWAL MEMBERSHIP APPLICATION**

\$51 Active Member/\$38 Associate Member

**A \$10.00 late fee will be assessed after October 31st**



Check One:    Active Member    New    Renewal    Transfer Lodge # \_\_\_\_\_    Associate Member

All Applicants Must Complete The Following

|   |                         |                   |
|---|-------------------------|-------------------|
| <b>First Name:</b> _____  | <b>Last Name:</b> _____ | <b>DOB:</b> _____ |
| Has your mailing address changed in the last 12 months    Yes _____    No _____ |                         |                   |
| <b>Address:</b> _____   | <b>Apt:</b> _____       |                   |
| <b>City:</b> _____  | <b>State:</b> _____     | <b>Zip:</b> _____ |
| <b>Cell#:</b> _____   | <b>E-Mail:</b> _____    |                   |

**ACTIVE MEMBERS**

|                                 |                            |
|---------------------------------|----------------------------|
| <b>FOP License Plate#</b> _____ | <b>FOP Member#</b> _____   |
| <b>Dept:</b> _____              | <b>Command:</b> _____      |
| <b>Work#:</b> _____             | <b>Rank/Title:</b> _____   |
| <b>Date Hired:</b> _____        | <b>Date Retired:</b> _____ |
| <b>Shield#</b> _____            |                            |

**ASSOCIATE FAMILY MEMBERS**

|                             |                                      |
|-----------------------------|--------------------------------------|
| <b>Member's Name:</b> _____ | <b>Relationship to Member:</b> _____ |
|-----------------------------|--------------------------------------|

**ACTIVE MEMBER BENEFICIARY INFORMATION**

|                       |                            |
|-----------------------|----------------------------|
| <b>Name:</b> _____    | <b>Relationship:</b> _____ |
| <b>Address:</b> _____ | <b>Cell#</b> _____         |

**OPTIONAL \$5.00 DONATION TO THANKSGIVING DRIVE:**

If my membership should be revoked or discontinued, I do hereby agree to return to said Lodge my membership card and any other material bearing the FOP insignia. If applicable, FOP plates must be returned to DMV.

**Pay/Mail To: NYSFOP Lodge 46 - 265 East 161st Street - Bronx, NY 10451**

|                      |              |             |                           |
|----------------------|--------------|-------------|---------------------------|
| FOR OFFICE USE ONLY  |              |             |                           |
| DATE RECEIVED: _____ | CHECK# _____ | CASH: _____ | SQUARE / PAYPAL: _____    |
|                      |              |             | THANKSGIVING DRIVE: _____ |