

2007 MEMBERSHIP APPLICATION

Renewal: _____ New Member _____ New Address/Info _____

Police Officer _____ (Retired / Active) / Non-Police (Associate) _____

NAME: _____

RANK: _____

CMD: _____

TAXID: _____ / DOB: _____

ADDRESS: _____

CITY: _____

STATE/ZIP: _____

PHONE: _____

E-MAIL: _____

BENEFICIARY: _____

RELATIONSHIP TO MEMBER: _____

(Beneficiary must be 18 or older. Lodge #317 will be the default beneficiary, if no beneficiary is specified.)

SIGNATURE: _____

(For Police Officer membership verification, please copy & forward your police ID card.)

DUES: \$30.00 IF PAID PRIOR TO NOV. 30, 2006. AFTER THIS DATE
SEND \$35.00 WHICH INCLUDES \$5.00 LATE PROCESSING FEE

Make Checks Payable to and Mail to:
Transit Police Memorial FOP Lodge #317
P.O. Box 485 Massapequa Park, New York 11762

Note: A \$10,000 accidental death or dismemberment insurance policy is included with your paid dues. For this reason, DOB & Beneficiary information must be included on this application. All information is kept strictly confidential.