

**Fraternal Order of Police**

**Gold Shield Lodge # 757**

**Membership Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

E Mail: \_\_\_\_\_

Active: \_\_\_\_\_ Retired: \_\_\_\_\_

Department: \_\_\_\_\_

Are you currently a member of another lodge? \_\_\_\_\_

If so, what number? \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_ Ph. #: \_\_\_\_\_

Signature: \_\_\_\_\_

Dues: \$50.00 cash or check, payable to: FOP Lodge 757

**\*\*\*Photocopy of your Law Enforcement ID card is Required\*\*\***

**Mail to: FOP Lodge 757**

**P. O. Box 2457, Seaford, NY 11783**