

LODGE #317 MEMBERSHIP APPLICATION (2009)

Renewal: _____ **New Member:** _____ **New Address/Info:** _____

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

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Home Phone: _____

E-MAIL: _____

Rank: _____ **CMD:** _____

TAXID: _____ / **DOB:** _____

Life Insurance Beneficiary: _____

Relationship to Member: _____

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

SIGNATURE: _____

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

DUES: \$35.00

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.