



**Fraternal Order of Police  
Capital District Lodge N.Y. # 14**

Attention John McGrath, Secretary  
PO Box 3904  
Albany, N.Y. 12203  
E-Mail: [info@fopalbany.com](mailto:info@fopalbany.com)



**2020** APPLICATION FOR ACTIVE or ASSOCIATE MEMBERSHIP **(\$45.00)**

**Renewal Yes / No      If renewal member since \_\_\_\_\_**

***NEW MEMBERS PLEASE INCLUDE A PHOTOCOPY OF YOUR POLICE IDENTIFICATION OR A LETTER FROM YOUR DEPARTMENT***

Name: First: \_\_\_\_\_ M.I. \_\_\_\_\_ Last: \_\_\_\_\_

D.O.B. \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Retired: Yes / No      Rank: \_\_\_\_\_

**NEW: WE HAVE REQUESTS FOR A DIRECTORY – COPIES ONLY FOR FULLY PAID MEMBERS - PLEASE INDICATE IF YOU WANT YOUR INFORMATION SHARED WITH OTHER LODGE MEMBERS (NAME, ADDRESS, PHONE, E-MAIL) Please check below:**

**YES - INCLUDE ME \_\_\_\_\_ NO, DO NOT LIST MY INFORMATION \_\_\_\_\_**

**LIST ONLY THE FOLLOWING \_\_\_\_\_**

**Beneficiary Information: (Benefits cannot be paid unless payee is listed here)**

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

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

Contact Number: \_\_\_\_\_

I HERBY DECLARE THAT I AM A FULL TIME LAW ENFORCEMENT OFFICER OF THE U.S., NEW YORK STATE, CITIES, TOWNS, VILLAGES & SUB-DIVISIONS WHEREIN EMPLOYED OR TEMPORILY DETAILED OR HAVE RETIRED FROM SUCH EMPLOYMENT.

MEMBERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_