



2025

Received	
Payment	
State	
Member	

New York State Fraternal Order of Police Capital District Lodge #14 Application for Membership

New* \$50.00 Renewal (Member since _____) \$50.00
 Active Member Associate Member

New Active Members must complete this application and mail it with a copy of your active/retired law enforcement identification and the appropriate fee. For Associate Members, you must provide a copy of your State Issued ID.

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Cell #: _____

Department: _____

Rank: _____ Circle One: Retired or Active

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

Name: _____ Relationship: _____

Address: _____

Contact Number: _____ Email: _____

****A lapse in membership will cancel the insurance benefit coverage of the member and prohibit payment to the beneficiary. The insurance cannot be reinstated after the member has reached the age of 63 years old.**

I hereby declare that as an Active Member applicant, I am a full-time law enforcement officer of the United States, New York State, Cities, Towns, Villages & Subdivisions wherein employed or temporarily detailed or have retired from such employment.

I hereby declare that as an Associate Member applicant, I agree with the aims and objectives of the FOP as outlined in the Constitution and Bylaws and that I shall conform to the rules of Lodge 14.

Member Signature _____ Date: _____

Mail Completed Application to: Katherine Bender, Secretary, 257 Doman Road, Freehold, NY 12431