

**FRATERNAL ORDER OF POLICE**

*Plt. Phillip Cardillo Memorial Lodge # 171*

**PALM COAST LODGE 171**

**PO BOX 352643 PALM COAST. FL 32135-2643**



**MEMBERSHIP**

**APPLICATION**

**SUBMITTED: \_\_/\_\_/\_\_**

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

SOCIAL SECURITY (LAST 4 DIGITS) \_\_\_\_\_

DATE OF BIRTH(mm/dd/year) \_\_\_\_\_

MEMBER NUMBER or "NEW" \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

STREET ADDRESS2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

INSURANCE BENEFICIARY (print) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

**IF YOU ARE A NEW APPLICANT, PLEASE ENCLOSE A PHOTOCOPY OF YOUR PICTURE ID CREDENTIALS.**

DEPARTMENT/AGENCY IN WHICH YOU SERVED? \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_ TO \_\_\_\_\_

DATE RETIRED: \_\_\_\_\_ DEPARTMENT CONTACT NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

MILITARY SERVICE? (DATES/BRANCH): \_\_\_\_\_

ARE YOU PRESENTLY AN FOP LODGE MEMBER ELSEWHERE? YES or NO

APPLICANTS WILL SEND A CHECK FOR \$60 FOR ANNUAL MEMBERSHIP. APPLICATIONS RECEIVED AFTER MAY 31<sup>ST</sup>, WILL BE APPLIED TO THE NEXT YEAR.. APPLICATIONS RECEIVED AFTER NOVEMBER 30<sup>TH</sup>, WILL SUBMIT A CHECK FOR \$30 FOR CURRENT YEAR, AND WILL BE ASSESSED FULL DUES FOR COMING YEAR. MEMBER NUMBERS ARE ONLY ISSUED IN JANUARY AND JULY. TEMPORARY ID CARDS WILL BE ISSUED IN THE INTERIM.

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