

Fraternal Order of Police
Central New York John C. Dillon Lodge #315
P.O. Box 3692
Syracuse, NY 13220

Application

Name _____
Address _____
DOB ___/___/___ Home Phone _____ Work Phone _____ Cell Phone _____
Email address _____

Agency _____
Address _____
Date of Appointment ___/___/___ Full Time Y / N Rank _____
Academy Attended _____
Sponsoring Member _____
Sponsoring Member Signature _____
Beneficiary _____
Relationship _____

Applying for Active Associate Retired Y / N
Dues paid (\$35.00) Date ___/___/___ Cash/Check No. _____

Make checks payable to CNYFOP#315. Mail to PO Box above with application.

Applicant Signature _____

If accepted for membership, I pledge to respect all laws of the United States, the State of New York and to support law enforcement in every way that I can. If I secure FOP license plates (ACTIVE members only), I understand that said license plates must be returned to the DMV if I resign or am removed from FOP membership. I understand that the FOP regulates the use of the FOP name and emblem and I cannot use the same on advertising, cards, etc., without the express permission of the New York State Fraternal Order of Police. Furthermore, I understand that photocopy proof of employment/eligibility accompanying this application is required.

Have you ever been a member of the Fraternal Order of Police? Y / N
If yes, Lodge State, Name and Number _____

Have you ever been convicted of a felony? Y / N

Received ___/___/___ Accepted ___/___/___ Declined ___/___/___

Comments _____