



2024 FAMILY ASSOCIATE APPLICATION

NAME: _____

ADDRESS: _____

(HOME) PHONE: _____ (CELL) PHONE: _____

DOB: _____ MANDATORY EMAIL: _____

BENEFICIARY: _____ RELATIONSHIP: _____ PHONE: _____

ADDRESS: _____

I DO HEREBY AFFIRM THAT I HAVE NEVER BEEN CONVICTED OF A CRIME OR AM I THE SUBJECT OF AN INVESTIGATION BY ANY LAW ENFORCEMENT AGENCY AND DO BELIEVE IN THE CONSTITUTION OF THE UNITED STATES OF AMERICA AND IN THE LAW ENFORCEMENT COMMUNITY.

SIGNATURE: _____

DATE: _____ ACCEPTED BY FOP: _____

PLEASE FILL IN ALL SECTIONS UP TO AND INCLUDING THE DATE AND RETURN WITH FEE OF **\$40.00** FOR EACH FAMILY ASSOCIATE MEMBERSHIP IN THE FRATERNAL ORDER OF POLICE GOOD UP TO **DECEMBER 31, 2024**. GO TO WWW.NYSFOP81.ORG FOR MORE INFORMATION.

FRATERNALLY, PRESIDENT, HENRY PRINS