



## 2025 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 **\$45.00** FOR EACH FAMILY ASSOCIATE MEMBERSHIP IN THE FRATERNAL ORDER OF POLICE GOOD UP TO **DECEMBER 31, 2024**. GO TO [WWW.NYSFOP81.ORG](http://WWW.NYSFOP81.ORG) FOR MORE INFORMATION.

FRATERNALLY, PRESIDENT, HENRY PRINS