



ASSOCIATE MEMBER APPLICATION



**FRATERNAL ORDER OF POLICE
NYC HOUSING POLICE SILVER AND GOLD LODGE #997
MEMBERSHIP APPLICATION**

<http://fop997.org>

Last Name: _____ First Name: _____ MI: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____ D/O/B: _____

Member Beneficiary: _____

(Applicants age 63 and older are ineligible for survivor benefits.)

Applicant Recommended By _____

*All Associate Member Applicants must be recommended by a current Active or Associate Member of Lodge #997.

Note: In Addition, all Associate Member Applicants must also complete and attach their "Certification of Good Conduct" form to this application.

Member Signature: _____ Date: _____

Please be sure to include your check payable to "FOP Lodge 997"

\$50 "ASSOCIATE MEMBERSHIP"

An Associate Member includes all NON-LAW ENFORCEMENT applicants.

Pease Print, Sign & Mail WITH YOUR DUES CHECK to:

Fraternal Order of Police
5 Rita Crescent
Commack, N.Y. 11725

Date Received: _____

CERTIFICATION OF GOOD CONDUCT

PRINT NAME OF APPLICANT _____

Have you ever been convicted of a crime? YES NO

Are you presently a defendant in any criminal proceeding? YES NO

Have you ever been convicted of Operating a Motor Vehicle while under the influence of alcohol or drugs? YES NO

Has your driver's license ever been suspended or revoked? YES NO

If you answered "yes" to any of the above questions, please explain in the remarks section below.

Remarks: _____

Note: This Certification of Good Conduct must be completed in full and ALL QUESTIONS MUST BE ANSWERED. Attach this form to your Associate Membership Application.

I certify that I am a law abiding individual and I have truthfully completed this application and Certification of Good Conduct. I further acknowledge that any false statement will result in my rejection or termination of membership in FOP Lodge #997.

SIGNATURE _____ DATED _____