



# Application For Membership Fraternal Order of Police Mid Hudson Lodge No.188



To the Officers of the Fraternal Order of Police:

I, the undersigned, a full-time, regularly employed law enforcement Officer or a retired Officer do hereby make application for active membership in MID-HUDSON LODGE NO. 188.

If my membership should be revoked or discontinued for any cause other than retirement while in good standing, I do hereby agree to return to said Lodge my membership card and any other material bearing the F.O.P. insignia, such as auto emblem, lapel pin, etc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) WORK PHONE: ( \_\_\_\_\_ )

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail: \_\_\_\_\_

PROPOSED BY: \_\_\_\_\_ Membership #: \_\_\_\_\_

**Check One:**

**NEW MEMBER**

**PREVIOUS MEMBER**

## **LAW ENFORCEMENT INFORMATION**

DEPT., COMMAND/ASSIGNMENT: \_\_\_\_\_

(If retired, specify last assignment)

DEPT. ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RANK & SHIELD #: \_\_\_\_\_ DATE HIRED: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **BENEFICIARY INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**INITIATION FEE: \$10**

**DUES: \$60**

**TOTAL = \$70 (\$60 PER YEAR THERE AFTER)**

AMOUNT RECEIVED: \$ \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

RECEIVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_



**MAIL TO**



**FRATERNAL ORDER OF POLICE LODGE 188  
PO BOX 122  
HIGHLAND MILLS, NY 10930-0122**



**NO APPLICATION WILL BE ACCEPTED WITHOUT A COPY OF A DEPT. ID.**

**IF TRANSFERRING FROM ANOTHER LODGE, A COPY OF YOUR  
CURRENT MEMBERSHIP CARD MUST BE PRESENTED.**

For more information, please email us at [lodge188info@gmail.com](mailto:lodge188info@gmail.com)

Website: [www.foplodge188.com](http://www.foplodge188.com) Zelle payments: [Lodge188payments@gmail.com](mailto:Lodge188payments@gmail.com)

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