



# FRATERNAL ORDER OF POLICE CHAPLAINS LODGE #777

An Affiliate of New York State Chaplain Task Force  
405 RXR Plaza, Uniondale, NY 11556 Tel: (718) 749-8534  
fopchaplains777@gmail.com www.fopchaplains.org



## MEMBER APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*(MANDATORY – Most Communication is done by email)*

Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

Are you an Ordained Clergy? YES / NO Religious Title: \_\_\_\_\_

Are you a Chaplain? YES / NO Chaplain Association: \_\_\_\_\_

**\*\*If Clergy Member and/or Chaplain, Please Provide Copy of Ordination, Certification and/or ID Card.**

Upon appointment/acceptance of the application, I have reviewed and agree to abide by the Rules & Regulations of the SA777/Chaplains Lodge of the Fraternal Order of Police. In the event of the termination of my membership, whether voluntary or imposed by the Lodge or administration, I in good faith promise/agree to return the "NYS-FOP CHAPLAIN" or "NYS-FOP ASSOCIATE" material that was licensed and issued to me and any other identifications/Lodge property that may be requested. As such, I understand these conditions and will return all identification/Organization documentation in my possession within 15 business days of receiving the request. I have read and agree to abide by the terms of this application.

\_\_\_\_\_  
Signature & Date of Application

**USE THIS APPLICATION TO JOIN AND TO RENEW!**

**Membership Dues: \$100 Annually if received by Dec. 15<sup>th</sup> and \$150 if received after Dec. 15<sup>th</sup>**

**FOR PAYMENT USE CC AUTHORIZATION ATTACHED OR  
MAKE CHECK OUT TO: NYSCTF and WRITE FOP777 ON THE CHECK**

For Official Use Only:

Date Received: \_\_\_\_\_ Member Notified: \_\_\_\_\_ Member Since: \_\_\_\_\_ Rev. 10/01/18



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## Authorization for Credit Card Use

**PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.**

All information will remain confidential.

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type:     Visa     Mastercard     Discover     Amex

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (3 digits on back of card/ 4 digits on front for Amex)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize FOP CHAPLAINS LODGE 777 an affiliate of NYSCTF to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Cardholder – Please Sign and Date Below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return the completed and signed Application and this Credit Card Form to the following:**

**By Mail: 405 RXR Plaza, Uniondale, NY 11556**

**By Email: fopchaplains777@gmail.com**

**By Fax: 917-386-2590**