

MEMBERSHIP RENEWAL - MEMBERSHIP RENEWAL

Dear Brothers and Sisters,

The New York State Fraternal Order of Police By-Laws require that we set October 1st as the date for payment of membership renewal dues. Renewal is \$35 for Active Members, and \$40 for Associate Members. Please make your check or money order payable to FOP Lodge #997.

We will accept dues up to NOV. 10th without penalty. Thereafter, all late payments will be subject to an additional \$5 administrative fee. We will make every effort to register any late dues payers with the State Lodge in time for the State to forward your dues to the Grand Lodge, but we cannot be responsible if late dues are not received at the National office on time. If that happens, you will not be able to "renew" your membership. You will have to "rejoin" the FOP as a "new member" which means the loss of some benefits until the subsequent calendar quarter after the dues are received. If you are currently eligible for survivor or accidental death benefits and have since reached 63 years of age, you must pay your dues on time or you will become permanently ineligible for those benefits. Further, we are obligated to report to the State all those who do not renew their membership. If you have FOP license plates and you do not renew, your FOP plates may be revoked.

We know that you filled out an application with personal information when you joined the lodge. However, a review of our records indicates that in many cases this information is outdated and inaccurate. For us to better serve you we need the most current information available. THEREFORE, WE ARE REQUESTING THAT EVERYONE PLEASE FILL OUT THE BELOW RENEWAL COUPON, AND SIGN AND DATE IT, and along with your dues return it in the enclosed envelope. Remember, \$35 for Active, \$40 for Associate and make your remittance payable to FOP LODGE #997. Thanks!!!

The Executive Board

FOP LODGE #997 MEMBERSHIP RENEWAL COUPON

NAME _____ DOB _____
ADDRESS _____ TEL #() _____
CITY & STATE _____ ZIP _____
BENEFICIARY _____ (Members who joined at age
63 or older and ineligible for survivor benefits.)
E-MAIL ADDRESS _____

SIGNATURE _____ DATE _____