

ACTIVE

STATE OF NEW YORK GRAND LODGE

ACTIVE

FRATERNAL ORDER OF POLICE Losses & Gains In Membership Report

LOSSES IN MEMBERSHIP

REASONS: T.O. - Transfer Out
D. - Deceased RET. - Retired
RES. - Resigned S. - Suspended

GAINS IN MEMBERSHIP

REASONS: N - New Member
TI - Transfer In
REINS. - Reinstated

NOTE: Please use National Roster Member ID#'s

FNAME MI LNAME

NAME		1. NAME		DATE OF BIRTH / /	
MEMBER ID#	REASON	STREET ADDRESS		REASON	
		CITY & STATE		ZIP CODE -	
NAME		2. NAME		DATE OF BIRTH / /	
MEMBER ID#	REASON	STREET ADDRESS		REASON	
		CITY & STATE		ZIP CODE -	
NAME		3. NAME		DATE OF BIRTH / /	
MEMBER ID#	REASON	STREET ADDRESS		REASON	
		CITY & STATE		ZIP CODE -	
NAME		4. NAME		DATE OF BIRTH / /	
MEMBER ID#	REASON	STREET ADDRESS		REASON	
		CITY & STATE		ZIP CODE -	
NAME		5. NAME		DATE OF BIRTH / /	
MEMBER ID#	REASON	STREET ADDRESS		REASON	
		CITY & STATE		ZIP CODE -	
NAME		6. NAME		DATE OF BIRTH / /	
MEMBER ID#	REASON	STREET ADDRESS		REASON	
		CITY & STATE		ZIP CODE -	
NAME		7. NAME		DATE OF BIRTH / /	
MEMBER ID#	REASON	STREET ADDRESS		REASON	
		CITY & STATE		ZIP CODE -	
NAME		8. NAME		DATE OF BIRTH / /	
MEMBER ID#	REASON	STREET ADDRESS		REASON	
		CITY & STATE		ZIP CODE -	

State: NY Lodge #: _____ Date: _____ Secy: _____

(If more space is needed, please attach additional forms)

DATE ENTERED
NATIONAL STAFF CLERK