

# NYSFOP Picture ID ACTIVE MEMBER

First Year \$10.00

Renewal \$5.00

MAKE SELECTION ABOVE

**CAMERA PICTURE# or NAME** \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel \_\_\_\_\_

Work Tel \_\_\_\_\_

Lodge# \_\_\_\_\_

DOB \_\_\_\_\_

Title/Rank \_\_\_\_\_

Agency/Employer \_\_\_\_\_

Signature \_\_\_\_\_

***Must have Police ID attached First Year***