

# NYSFOP Picture ID ACTIVE MEMBER 2024

Date \_\_\_\_\_

First Time     Renewal    \$20.00

Renewal, with a new photo    \$25.00

Disc Photo#     Sent by E-Mail     Use Photo on File

## PLEASE PRINT INFORMATION

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

DOB \_\_\_\_\_ National Membership # \_\_\_\_\_

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

Email \_\_\_\_\_

Signature \_\_\_\_\_

**Must have Law Enforcement ID attached First Time**