



NAME/ADDRESS CHANGE FORM

Fraternal Order of Police

PLEASE PRINT/TYPE. UPON COMPLETION, SEND TO: NYSFOP Lodge 69, PO Box 83, Mineola, NY 11501

National Member Number: _____

First Name: _____ **M.I.:** _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

(Area below to be filled out by Lodge secretary)

From: Lodge # _____ **State:** _____

Prepared by: _____ **Date:** ___/___/___