



# Amtrak Police Lodge #189

308 Maloney Road Wappingers Falls, NY 12590

## AGREEMENT

TO: Fund Administrator, Police Surgeons Program  
Fraternal Order of Police - Amtrak Police Department Lodge # 189

I hereby apply to become an Associate Member with the Fraternal Order of Police / Amtrak Police Department Lodge # 189, Police Surgeon Panel. In the event that I choose to terminate my panel membership, I agree to notify your office in writing at least 30 days prior to the effective date of the decision. I understand that the organization reserves the right to terminate my participation.

I understand that if either the panel or I decide to terminate this agreement, I agree to return all materials (wallet, shield, ID & Placard) pertaining to the organization.

I understand that it is illegal to represent myself as Police Officer. It is also illegal to possess an unlicensed weapon.

I understand, if asked, to properly identify yourself as a Police Surgeon for the AMTRAK FOP.

My signature on this application indicates my agreement to accept all the provisions set forth in this application package

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

## PROCEDURE:

Please follow the following directions to complete your application.

1. All materials should be sent, unfolded and unstapled, to the address listed on the last page of this application.
2. No signature required form of sending, please.
3. Provide 1 Color Passport photo. Surname on back with soft tip pen.
4. Provide a check for \$400.00 to cover the application fee and first years' dues. This will also cover the cost of the badge, Wallet, Placard and processing of the application. A current parking Placard will be supplied each year after annual dues of \$200.00 is paid. The annual dues are to be paid every year on or before May 1st. yearly.
5. The check should be made payable to: FOP/Amtrak Police Lodge # 189 only and sent, by ordinary mail (no signature required), unfolded & unstapled to:

Dr. Sheldon Werner  
Deputy Chief Surgeon  
308 Maloney Road  
Wappingers Falls, NY 12590



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Please provide answers to the following questions so that we can complete your application processing. To avoid delays, please type or LEGIBLY print your response.

Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ APT. \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Answering Service \_\_\_\_\_

Office Address \_\_\_\_\_

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

Office Phone Number(s) \_\_\_\_\_

FAX Number(s) \_\_\_\_\_

E-Mail Address (Required) \_\_\_\_\_

To register your placard, please provide the following Vehicle Information:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ Doors \_\_\_\_\_

License Plate Number \_\_\_\_\_ State \_\_\_\_\_

To complete your ID card, please complete the following: \*\*

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

PLEASE ENSURE THAT YOUR APPLICATION IS COMPLETE TO AVOID UNNECESSARY DELAY