



**2024 THE HONOR LEGION  
OF THE POLICE DEPARTMENT  
OF THE CITY OF NEW YORK  
INCORPORATED**



87-71 LEFFERTS BOULEVARD, RICHMOND HILL, NY 11418 (718) 849-0204

**APPLICATION FOR NEW MEMBERSHIP &/or RENEWAL MEMBERSHIP (NYPD ONLY)**

1. Rules and regulations of the Police Department shall govern.
2. Award must be COMMENDATION OR HIGHER, **New Members Only** list type of Award, Date and Number of Personnel Order in which published (**This is NOT required for Renewals**).
3. This form must be completed by the applicant and submitted to The Honor Legion with a \$35.00 check payable to The Honor Legion for Initiation Fee OR Annual Dues and mailed to The Honor Legion, 87-71 Lefferts Boulevard, Richmond Hill, NY 11418. For detailed instructions on selecting a submission method (via snail mail, email or fax) go to <http://nypdhl.com/membership.htm> You can also pay online or by mailing a check.

NOTE: Plaques are an additional \$75.00 and a total remittance of \$110.00 may be made for the Initiation Fee/Dues and Plaque and mailed to the above address or paid online. Due to an increase in operating costs, annual dues have been increased to \$35.00.

4. This application will be investigated and after approval a Member Card, & Membership Certificate (if ordered) will be mailed to the Applicant at the address on the application.
5. Rejected applicant fees will be returned by The Honor Legion except where the application is rejected for false statements.

**PRINT OR TYPE ALL INFORMATION (if Renewal use N/A for Award & Date/Personnel)**

NEW MEMBER APPLICATION       RENEWAL (required to update records database)  
 ACTIVE       RETIRED

TAX # \_\_\_\_\_ RANK \_\_\_\_\_ SHIELD # \_\_\_\_\_

COMMAND \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

AWARD \_\_\_\_\_ DATE & PERSONNEL ORDER # \_\_\_\_\_  
(new member only) (new member only)

I CERTIFY ALL INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE

\_\_\_\_\_  
DATE \_\_\_\_\_

SIGNATURE OF APPLICANT (may be signed electronically with an Acrobat Encrypted Signature)