

FRATERNAL ORDER OF POLICE LODGE # 50

P.O. Box 187
Cropwell, AL 35054

APPLICATION FOR MEMBERSHIP

Type Membership Requested. (Regular Membership is open to Sworn Officers)

Regular _____ Associate _____ Membership Fee-\$30.00 per year (Please include)

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Telephone: () _____ Cell: () _____ Email: _____

D/L#: _____ Current/Former Member of FOP? Yes No

If Yes, list Lodge and Number _____ Email Address (print) _____

Current Employer: _____ How Long: _____

Current Job Title: _____ Have you ever been arrested? Yes No

If Yes, explain in detail the offense, date, agency and disposition on an additional sheet.

List three (3) references that have known you longer than 3 years:

1. _____
Name Address Telephone

2. _____
Name Address Telephone

3. _____
Name Address Telephone

By my signature I affirm that I am a United States Citizen and all of the above information is true and correct to the best of my knowledge. I also understand that the membership committee of FOP Lodge 50 will conduct a background investigation on me.

Applicant Signature Date

Recommendation of Membership Committee: Approved Disapproved Date: _____

President, Lodge 50 Date

APPLICANTS MUST ATTACH A PHOTOGRAPH OF THEMSELVES TO THE APPLICATION

