## APPLICATION FOR MEMBERSHIP IN

## Fraternal Order of Police Associates of OHIO, Inc. Belmont / Monroe F.O.P.A. Lodge No. 13

Date of Application20				
I,the u	ındersigned, hereby make ap	oplication to joir	ı Lodge No. 13	
Fraternal Order of Police Associates, Inc. and hof good repute legally residing in the United Stand have not been convicted of a felony and namerican organization. I AGREE, if found quality providing they do not conflict with my religious the DECAL, MEMBERSHIP CARD, METAL EMBLE recalled by the Lodge of this Order, for misuse	ates of America. I further swever have been a member of ified, to abide by the laws, ruston or rights of political views or rights of the property of	vear or affirm th f any subversive ules, regulations under American the Lodge and o	at I am not or un- of the Lodge Law, and that can be	
		/	/	
Name	Birthplace	Bir	Birth Date	
Residence Address	City	State	Zip Code	
() ()_ Home Phone # Cell Phone #	Email (Necessary fo	r Lodge/Meetin	 g Info)	
Married: Yes ( ) No ( ) No. of Depender  Are you a United States citizen? Yes ( ) No  If NO, give country of your citizenship:				
Profession or Occupation	Name of	Name of Employer		
Business/Employer Address	City	State	Zip Code	
() Business Phone #				
Printed name of sponsoring member				

## **↓** SIGNATURE REQUIRED TO PROCESS **↓**

To Whom It May Concern: I hereby give any law enforcement agency or organization the authority to investigate or furnish information concerning me as may be required by the Fraternal Order of Police Associates of OHIO, Inc., without recourse, for consideration of application to become a member.

This information will be held confidentially.

I have enclosed my check for  $\frac{$10.00}{0}$  made out to "FOP LODGE #6", to cover vetting costs and fee assessments. Annual dues of  $\frac{$75.00}{0}$  are due upon approval and acceptance of application, payable at the first Lodge meeting thereafter.

** Must be signed in front of sponsoring member **					
Applicant Signature:	Date:				
Social Security No:/	/				
•	egarding the applicant which must be answered before on can be given to this application:	fore			
Length of time known	Personal opinion of applicant				
(Use separat	sheet if additional space is necessary)				
Sponsor / Witness Signature:	Date:	Date:			
	Lodge No. 13 and F.O.P. Lodge No. 6 acknowledge any the above applicant for admission in said associate				
Date	Date				
(F.O.P.A.)	(F.O.P.)				
Date	Date				
(F.O.P.A.)	(F.O.P.)				

## To be filled in by F.O.P.A. Staff

APPLICATION TRACKING – FOPA/FOP PURPOSES ONLY								
Rec'd By	Date	FOP Rep	Date	Approval	Return to	Date		
1.		2.		3. Y / N	4.			