

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

Date of Application _____ 20 _____

I, _____ the undersigned, hereby make application to join Lodge No. 13 Fraternal Order of Police Associates, Inc. and hereby state that I am more than 18 years of age, a person of good repute legally residing in the United States of America. I further swear or affirm that I am not and have not been convicted of a felony and never have been a member of any subversive or un-American organization. I AGREE, if found qualified, to abide by the laws, rules, regulations of the Lodge providing they do not conflict with my religious or political views or rights under American Law, and that the DECAL, MEMBERSHIP CARD, METAL EMBLEM, etc., are the property of the Lodge and can be recalled by the Lodge of this Order, for misuse or non-payment of dues, or other valid reasons.

_____/_____/_____
 Name Birthplace Birth Date

 Residence Address City State Zip Code

(____) _____ (____) _____
 Home Phone # Cell Phone # Email (Necessary for Lodge/Meeting Info)

Married: Yes () No () No. of Dependents: _____

Are you a United States citizen? Yes () No ()

If NO, give country of your citizenship: _____

 Profession or Occupation 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 \$10.00 made out to "FOP LODGE #6", to cover vetting costs and fee assessments. Annual dues of \$75.00 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: _____/_____/_____

Sponsor: Personal questions regarding the applicant which must be answered before consideration can be given to this application:

Length of time known _____ Personal opinion of applicant _____

(Use separate sheet if additional space is necessary)

Sponsor / Witness Signature: _____ Date: _____

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The undersigned members of Belmont County F.O.P. Lodge No. 6 and F.O.P.A. Lodge #13 acknowledge approval or rejection and recommend or deny the above applicant for admission in said associate Lodge.

_____ Date _____ Date _____
(F.O.P.) (F.O.P.A.)

_____ Date _____ Date _____
(F.O.P.) (F.O.P.A.)

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.	

Step 1 – FOPA Received / **Step 2** – Passed to FOP / **Step 3** – Approval Y/N / **Step 4** – Returned to FOPA