FRATERNAL ORDER OF POLICE NATURE COAST LODGE #164 MEMBERSHIP APPLICATION

Signature of applicant:

VOTED ON:	
Accepted / D	enied (Circle one)

MILIMI	DENSITE AFF	LI	CAITON			•	•	•	
APPLICANT INFORMATION									
Name:									
Date of birth:		Last 4 SSN:				Phone:			
Current address:									
City:		Stat	:e:			ZIP Code:			
PERSONAL E-Mail:						Cell:			
EMPLOYMENT INFORMATION									
Current employer:									
Rank:			Assignment:						
Date of Hire:		Age	ncy ID #:		Work Phone:				
MEMBERSHIP QUESTIONS									
Have you ever been a member of any Fraternal Order of Police Lodge?									
If yes, give name, number, and location of lodge:									
Have you ever been suspended, expelled, or denied membership to any Fraternal Order of Police Lodge?							?		
If yes, provide details:									
			SPOUSE INF	ORMATION					
Name:									
Date of birth:		Ann	iversary:		Occupation:				
			CHILI	DREN					
Name		A	ge:	Name:			Age:		
Name		A	ge:	Name:			Age:		
Membership Type									
Active Sworn: Bargaining \$43.00 per month	Active Sworn: Non-Bargaining \$36.00 per mont	φ120.00 pc			(Associate Member) (As		(Associ	ilian Employee ociate Member) 5.00 per month	
Oath and Signature									
I solemnly and sincerely promise and swear that I will, to the best of my ability, comply with the laws and rules of the Order; that I will recognize the authority of my legally elected officers and obey all orders there from, not to conflict with my religious or political views, or my rights as an American citizen; that I will not cheat, wrong, or defraud the Order, or any member thereof, or permit the same to be done in my power to protect it; that I will not divulge any of the secrets of this Order to anyone not entitled to receive them. Should I violate this, my solemn oath and obligation, I hereby consent to be expelled from the order. I SWEAR THAT ALL INFORMATION PROVIDED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.									

Date:

Signature of sponsor:	Date:

- This application may be referred to an investigative committee for recommendation of acceptance or rejection. If application is rejected, applicant may not reapply for a period of six (6) months. Consideration for membership will not be based on race, creed, sex, religion, or political affiliation.
- If accepted into the Order, I will notify the lodge immediately upon my resignation and discontinuance of payroll deduction. Failure to do so will result in collection action and denial of membership until all past due amounts are paid in full.

APP. RECEIVED	<u>PAYROLL</u>	L DATABASE STATE LODGE		NATIONAL LODGE	MEMBER #

New 02/05/2021. All previous versions are void.