

Fraternal Order of Police

Application for Membership Hernando/Citrus Lodge 164

For Office Use Voted On: _____ Accepted / Denied
--

Last Name	First Name	Middle Name	(Jr. Sr. Etc)

Social Security No.	Male/Female	Date of Birth	Spouse Name if Married

Address	City	State	Zip Code

Home Phone No.	Cellular Phone No.	Pager No.

Email Address	Work Phone	Fax Number



HCSO/CCSO ID	Job Title	Rank	Date of Hire	Assignment

Have you ever been a member of any Fraternal Order of Police lodge?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	------------------------------	-----------------------------

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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	------------------------------	-----------------------------

If yes, provide details:

What are your main interests in joining this lodge?

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 this Order, or any member thereof, or permit the same to be done in my power to prevent 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:

Signature of Applicant: _____ **Date:** _____

Signature of Sponsor: _____ **Date:** _____

Who has been a member of this lodge at least one (1) year.

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 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.

DATABASE <input type="checkbox"/> STATE LODGE <input type="checkbox"/> PAYROLL <input type="checkbox"/> LABOR COUNCIL <input type="checkbox"/> DATE: _____ MEMBER NUMBER: _____

, DO HEREBY AUTHORIZE THE BELOW



*Fraternal Order Of Police
Hernando Lodge 164*

*P.O. Box 10690
Brooksville, FL 34603
(352) 799-0182*

REQUEST FOR PAYROLL DEDUCTION

I, _____ DO HERBY AUTHORIZE THE BELOW

LISTED AMOUNT TO BE DEDUCTED FROM THE FIRST PAY PERIOD OF EACH
MONTH FOR THE PURPOSE OF MONTHLY DUES FOR THE FRATERNAL ORDER
OF POLICE, HERNANDO LODGE 164.

COLLECTIVE BARGAINING UNIT MEMBER: \$ 32.00

NON-BARGAINING UNIT MEMBER: \$ 25.00

DATE: _____ PRINTED NAME: _____

PAYROLL NUMBER: _____ SIGNATURE: _____

* IF YOU ARE ELIGIBLE TO BE IN THE COLLECTIVE BARGAINING UNIT, YOU MUST CHECK
BARGAINING UNIT MEMBER, ALL OTHERS CHECK NON-MEMBER.