

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

# Fraternal Order of Police

Application for Membership Hernando/Citrus Lodge 164

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

Retired From	Last Job Title	Rank	Date of Retirement	Last Assignment

<b>Have you ever been a member of any Fraternal Order of Police lodge?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, give name, number and location of lodge:		
<b>Have you ever been suspended, expelled or denied membership to any Fraternal Order of Police lodge?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, provide details:		
<b>What are your main interests in joining this lodge?</b>		

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  State Lodge  Fees Collected

Date:

MEMBER NUMBER: