



Application For Membership
FRATERNAL ORDER OF POLICE ASSOCIATES OF OHIO, INC.

Lodge Name: _____ Lodge No. _____
(Print) Name in Full: _____
Birthplace: _____ Birth Date: ____ / ____ / ____
Residence (Street Address): _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Profession or Occupation: _____
Business Name: _____ Bus. Phone: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Send Mail to: Residence Business

Has applicant been previously proposed for membership in this or any other Lodge of the FOPA? _____

If yes, (Date): _____

Lodge: _____

Action taken on Application: _____

Have you ever been a member of any other FOPA Lodge? _____ When? _____

Herewith I enclose my check (or money order) for \$ _____ to cover initiation, fee and dues for one year.

Social Security # _____ - _____ - _____

Signature of Applicant

I, _____, the undersigned, hereby make application to join this Lodge, of the Fraternal Order of Police Associates of Ohio, Inc., and hereby state that I am more than 18 years of age, and a citizen of the United States of America.

I, hereby, state that I am of good repute and have never 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 rules, laws, regulations, etc., of the Lodge, and that the *decal, membership card, metal emblem*, etc. are the property of the Lodge and can be recalled by the

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 this petitioned lodge without recourse, for consideration of application to become a member. This will be held confidential.

Signed:

Date:

Signed:

Date: