

Fraternal Order of Police

Chesterfield Lodge, Number 47

Application for Active Lodge Membership



Name of Applicant _____
(last) (first) (middle)

New Application Application for Reinstatement Member Type : Regular Sworn Retiree

Current street address _____

City _____ State _____ Zip Code _____

Law Enforcement Agency _____ Date of hire _____

Agency Address _____

This agency is: ...Federal ...State ...Local SSN _____ -- _____ -- _____

Line of Duty Death Beneficiary _____

Beneficiary relationship to member _____

Home phone number: _____ Work phone _____ Fax Number _____

Date of birth _____ / _____ / _____ Mobile Phone: _____

Unit / Badge / # _____ Rank / Title _____

E-mail address (if applicable): _____

Any previous police / security experience (please give agency's name and contact person) _____

Have you ever applied to this or any other Fraternal Order of Police lodge? (circle) Y N

Are you an active member of another lodge? _____
(if yes, please give the lodge number and location)

Spouse's name _____ Date of birth _____
(if applicable) (mm-dd-yyyy)

Children and ages _____
(if applicable)

Date submitted _____ To whom? _____
(mm-dd-yyyy) (member accepting application)

F.O.P. bylaws require this application to bear the signatures of two (2) sponsoring, active members in good standing.

Active member #1 _____ F.O.P. member # _____
(signature)

Active member #2 _____ F.O.P. member # _____
(signature)

Oath of Obligation

In the presence of the Creator of the Universe, I do most solemnly and sincerely promise and swear that I will, to the best of my ability, comply with all the laws and rules of this Order; that I will recognize the authority of my legally elected officers and obey all orders therefrom not in 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 if in my power to prevent it; that I will, at all times, aid and assist a worthy Brother (or Sister) in sickness or distress, so far as it lies in my power to do so; that I will not divulge any of the secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath of obligation, I hereby consent to be expelled from the Order.

Signature of applicant _____ Date _____

note PLEASE include the following fees with your application:

Application fee \$ 8.00
Annual dues \$ 60.00 Retirees \$ 20.00

(includes membership dues through Dec. 31st of the year in which the application was approved)

Please make checks payable to: **Chesterfield F.O.P., Lodge 47**
P.O. Box 625, Chesterfield, VA 23832

Below this line is for Lodge use only

First reading date _____ Second reading date _____

Vote by membership (circle) Accept Reject

Notes from Membership Committee:

Discussion from Members At Large:

Installation / Reinstatement date _____

Fee collected \$ _____ check number _____ on (date) _____

Revised 8-07-09