



**Chesterfield FOPA Lodge #47**  
**P.O. Box 34142**  
**Richmond, VA 23234**

**Application for Membership**

**Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Spouse** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Occupation/Employer** \_\_\_\_\_

**Sponser/Reference** \_\_\_\_\_

**Initiation Fee: \$25.00      Yearly Dues: \$30.00**

Please enclose a check in the amount of \$55.00 made payable to **Chesterfield FOPA Lodge #47** along with the application which must be submitted to the FOPA Board with further order of approval by the FOP.

I, as a member of the **FOPA**, do hereby understand and agree that the **FOPA** is united to promote the welfare, moral, intellectual, social, and economical benefits to all law enforcement officers and their families in Chesterfield County, VA. And recognize a need towards friendship between the **FOP** and the **FOPA** membership thereby creating harmony with the **FOP** giving support to their needs and undertakings and further agree that this is my purpose for joining **the FOPA Lodge #47**.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOPA: Date of Reading \_\_\_\_\_ Accepted \_\_\_\_\_ Declined \_\_\_\_\_

FOP: Date of Reading \_\_\_\_\_ Accepted \_\_\_\_\_ Declined \_\_\_\_\_