

**Chesterfield Lodge #47 Fraternal Order
of Police
Auxiliary**

Application for Membership

Name _____ **Date** _____

Address _____ **Birth Date** _____

Phone Number: _____ **(W)** _____

FOP Member Name _____ **Relationship** _____

Department _____ **Unit #** _____

New Member _____ **Reinstatement** _____ **(I or II)**

Have you ever applied or been a member of another FOP Auxiliary? _____

If yes, please state the name of the Lodge, its location and disposition of your status:

I, hereby tender my application for membership into the Chesterfield Lodge # 47 Fraternal Order of Police Auxiliary. If accepted into membership, I pledge myself to work for the advancement of the Order and its members everywhere.

_____ **Date** _____
(signature)

Recommended by: _____ **Date** _____

Please make checks payable to FOP Auxiliary # 47

Membership dues for one year are \$30.00

Application voted on _____ **() Accepted () Rejected**

Date of Initiation _____

(Signature of Secretary)

(Date)

(seal)

Never let them walk alone

Date paid: _____ **amount paid:** _____ **check #:** _____