

APPLICATION FOR MEMBERSHIP IN

Fraternal Order of Police Associates of OHIO, Inc.

PLEASE PRINT OR TYPE

Date of Application _____ 20_____

I, _____ the undersigned, hereby make application to join **Lodge No. 28**, Fraternal Order of Police Associates, Inc., and hereby state that I am more than 18 years of age, a person of good repute legally residing in the United States of America. I further swear or affirm that I am not and have not 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 all laws, rules, regulations, of the Lodge providing they do not conflict with my religious or political views or my rights under American Law, and that the DECAL, MEMBERSHIP CARD, METAL EMBLEM, etc., are the property of the Lodge and can be recalled by the Lodge of this Order, for misuse or non-payment of dues, or other valid reasons.

Name Birthplace Birth Date

Residence Address - City, State Zip Code Country Phone #

Business Address - City, State Zip Code Country Phone #

Profession or Occupation Send Mail To (Circle): Business or Residence

Are You a U.S. Citizen? YES [] NO [] If NO, give country of your

citizenship: _____

Married: Yes _____ No _____ No. of Dependents _____

Name of Business: _____

Herewith I enclose my check for **\$65.00** to cover initiation, fee assessments and dues for the current year.

Social Security # _____ Signature of Applicant _____

Sponsor: Personal questions regarding the applicant which must be answered

before consideration can be given to this application.

Length of time known _____ Personal opinion of applicant _____

The undersigned members of FOPA Ohio LODGE No _____ and F.O.P LODGE No _____ recommend the above applicant for admission in said associate lodge.

SPONSORS:

(F.O.P.A.) _____ (F.O.P.)

(F.O.P.A.) _____ (F.O.P.)

Must be signed by two (2) sponsors.

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 the Fraternal Order of Police Associates of OHIO, Inc., without recourse, for consideration of application to become a member. This will be held confidential.

Signature _____ Date _____

Witness _____ Date _____

Make check payable to: **FOPA #28**

Mail to:
FOPA #28

**C/O: Secretary Becky Woodward
26145 Center Ridge Rd.
Westlake, OH. 44145**

To be filled in by F.O.P.A. Staff

Date Received by F.O.P.A. _____ **FOP Approved** ____ **Disapproved** ____
B of I Approval _____ **FOPS Approved** ____ **Disapproved** ____
F.O.P.A. Board _____ **Second Notice** _____
Sworn In _____