

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. 69,

Fraternal Order of Police Associates, Inc., and hereby state that I am more than 18 years of age, a citizen of good repute of 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 as an American citizen, 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 Zipcode Country Phone #

\_\_\_\_\_  
Business Address - City, State Zipcode Country Phone #

\_\_\_\_\_  
Profession or Occupation Send Mail To: Business or Residence

Married: Yes \_\_\_\_\_ No \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Name of Business: \_\_\_\_\_

Herewith I enclose my check for \$ \_\_\_\_\_ 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 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 \_\_\_\_\_

Complete and mail to :  
F.O.P.A. Lodge 69 - Secretary  
538 Kalene Court Eastlake, OH. 44095

\*\*\*\*\*

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 \_\_\_\_\_