

**POLK COUNTY FRATERNAL ORDER OF POLICE  
LODGE #46**

**MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

PERSONAL (Non-Agency) Email: \_\_\_\_\_

Agency: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Last 4#s SS#: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_ (update w/Secretary if this changes)

Address: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Have you ever been a member of a Fraternal Order of Police Lodge before?   Y / N

If YES, - where/Lodge#: \_\_\_\_\_

By signing below, I, \_\_\_\_\_, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police, do most solemnly and sincerely promise and swear, that I will, to the best of my ability, comply with all of 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 secrets of the Order to anyone not entitled to receive it. To all of which I most solemnly and sincerely promise and swear. Shall I violate this, my solemn oath or obligation, I hereby consent to be expelled from the Order; to this I swear.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A check or money order for the \$91.00 annual dues must accompany this application or it will not be processed.  
If mailing application in please send to the following address:

Polk County FOP Lodge 46  
Attn: Lodge Secretary  
PO Box 5295  
Lakeland, Fl. 33807-5295

-OR-

If you are a PCSO Member you may opt for Payroll Deduction by signing below:

**POLK COUNTY SHERIFF'S OFFICE  
PAYROLL DEDUCTION AUTHORIZATION**

I authorize the Polk County Sheriff's Office to deduct my F.O.P. dues of \$91.00 from my pay at a rate of \$3.50 per pay period for 26 pay periods. I acknowledge that if I terminate my employment with the Polk County Sheriff's Office, I will be obligated to pay the remaining dues balance to the Polk County Fraternal Order of Police, Inc., Lodge 46, in order to continue my membership. I understand that my electronic signature is binding.

MEMBER'S SIGNATURE: \_\_\_\_\_ MEMBER #: \_\_\_\_\_