



# FRATERNAL ORDER OF POLICE STATE POLICE LODGE 76, INC.

P.O. BOX 989 BROOKLANDVILLE ,MD 21022 | (443) 286-1886

LODGE@TROOPERSFOP76.ORG



## APPLICATION FOR ASSOCIATE MEMBERSHIP-FRATERNAL ORDER OF POLICE LODGE 76

Dear Applicant,

This is to inform you that the Maryland State Police Lodge #76 was formed in August 1975. The Lodge is now accepting applications from citizens of good moral character to participate as an Associate Member. This letter is an invitation to apply as an Associate Member, and upon approval by the Membership Committee you will be instated as a full Associate Member of F.O.P. 76. (Associate members do not have voting or motion powers at Lodge meetings.)

As an Associate Member of F.O.P. Lodge 76, you may participate in all monthly meetings and attend all social functions sponsored by the Lodge. You will also receive a membership card, a decal and an emblem that may be displayed on your vehicle.

The dues for an Associate Member will be a minimum of \$40.00 per year and should be enclosed with your application. If for some reason your application is not accepted by the Membership Committee, your dues will be refunded as soon as possible. Membership year runs from January to December each year. Anyone joining prior to May 1st of the year will be billed in November for the next year's dues. MAKE CHECKS PAYABLE TO FOP LODGE 76 AND MAIL TO ADDRESS BELOW.

I, the undersigned, certify that I am an American Citizen of full age and good moral character, do hereby apply for admission as an Associate Member of F.O.P., State Police Lodge 76, Inc. If elected to membership, I promise to abide by the Constitution and By - Laws of the Lodge; and to conduct myself at all times in such a manner as not to bring reproach upon the Fraternal Order of Police, or upon myself. I also agree that violation of this pledge shall result in forfeiture of membership and all its privileges. If my membership shall be revoked for any cause, I do hereby agree to return to said Lodge, auto emblem, membership card and decal signifying my Associate Membership with the Lodge.

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(Print full name) LAST FIRST MIDDLE DATE OF BIRTH

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(Address) STREET CITY-STATE-ZIP CODE HOME/CELL PHONE

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(Employed By) NAME OF COMPANY PHONE

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YOUR SIGNATURE DATE SPONSORED BY

**Mail application and dues to:**

**FOP 76  
P.O. Box 989  
Brooklandville, MD 21022**

