



**Fraternal Order of Police
Fulton County Lodge #64**

PAID _____
CHECK# _____
CASH _____
BILL _____

APPLICATION FOR MEMBERSHIP

To: All Potential Members

I, _____, am willing, to the best of my ability, to comply with all the laws and rules of this Order; recognize the authority of my legally elected officers and obey all orders there from not in conflict with my religious or political views, or my rights as an American citizen; 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; 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; and not divulge any of the secrets of this Order to any one not entitled to receive them. To all of which I am willing to most solemnly and sincerely promise and swear. I am not under investigation or have a pre-existing legal issue pending at this time.

(Signature)

(Date)



**Fraternal Order of Police
Fulton County Lodge #64**

APPLICATION FOR MEMBERSHIP

(Check One) **New Member** **Membership update**
 Renewal, National Member # _____
 Membership Transfer, Former Lodge/Lodge # _____

Name: _____ **Phone #** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security #: _____ - _____ - _____ **DOB:** ____ / ____ / ____

Email Address: _____

Agency/Department: _____ **Status: Active/Retired**
(Underline status)

Applicant's Signature: _____

AUTHORIZATION FOR PAYROLL DEDUCTION

By: _____ Date: _____
(Name of Employee - Please Print)

Department: _____ Division: _____

I hereby request and authorize the Fulton County Finance Department to deduct from my earnings each month, in the amount of dues, as certified, in writing, by the Secretary, Treasurer, and/or President of the Fraternal Order of Police Lodge #64 as payment of my dues.

The membership dues amount is: **\$18.33** per pay period. These deductions may be terminated by providing written notice to the Fraternal Order of Police Lodge #64 in accordance with the Lodge's By-Laws.

SS#: XXX - XX - _____

Signature: _____ Date: _____



**Fraternal Order of Police
Fulton County Lodge #64**

MEMBERSHIP INDUCTION

I, _____, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police here assembled, do most solemnly and sincerely promise and swear, that I will to the best of my ability comply with all the laws and rules of this Order; that I will recognize the authority of my legally elected officers and obey all orders there from 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 of the secrets of this Order to any one not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath or obligation, I hereby consent to be expelled from the Order.

(Member's Signature)

(Induction Date)

(Lodge Officer's Signature)

(Lodge Officer's Signature)

INSURANCE BENEFICIARY INFORMATION

(If more than one beneficiary, please list the information separately)

Beneficiary (1): _____

DOB: ____/____/____ Social Security #: XXX - XX - _____

Relationship: _____ Telephone #: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Beneficiary (2): _____

DOB: ____/____/____ Social Security #: XXX - XX - _____

Relationship: _____ Telephone #: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Applicant's Signature: _____