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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 <u>Fraternal Order of Police Lodge #64</u> 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.	Name:		Phone	#
Social Security #: DOB:// Email Address:				
Email Address:				
Agency/Department: Status: Active/Retired (Underline status) Applicant's Signature:				
Applicant's Signature: AUTHORIZATION FOR PAYROLL DEDUCTION By:	Agency/Departn	nent:	St	atus: Active/Retired
AUTHORIZATION FOR PAYROLL DEDUCTION By:				(Underline status)
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Lodge #64 in accordance with the Lodge's By-Laws. SS#: XXX XX	from my earnings ea Secretary, Treasure as payment of my d	ach month, ir er, and/or Pre lues dues amount	n the amount of dues, as esident of the <u>Fraternal (</u> 	s certified, in writing, by the Order of Police Lodge #64 eriod. These deductions
	may be terminate	d by providin	g written notice to the l the Lodge's By-Laws.	Fraternal Order of Police
Signature: Date:			SS#:XX	X _ XX _
DateDate	Signature:			Date:
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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.

			-
(Mem	ber's	Siana	ture)
(,

(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 #:XXXX
Relationship:	Telephone #: ()
Address:	
	State: Zip:
Beneficiary (2):	
DOB://	Social Security #:XX XX
Relationship:	Telephone #: ()
Address:	
	State: Zip:
Applicant's Signature:	