



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

Cash App: _____
Check#: _____
Cash: _____
Pay Pal: _____
Payroll: _____

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 anyone 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 any 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 Membership # _____

Membership Transfer, Former Lodge/ Lodge # _____

Name: _____ Phone # _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security # _____ - - DOB: _____

Email Address: _____

Agency/Department: _____ Status: Active/Retired
(circle 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 earning 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: \$20.00 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, 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 anyone not entitled to receive them. To all of which I am willing to 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 Signature)

(Induction Date)

(Lodge Officer's Signature)

(Lodge Officer's Signature)

ACKNOWLEDGEMENT

I _____, have been informed that my Legal Defense Plan through Hylant FOP will not be effective until after Fraternal Order of Police, Fulton County Lodge 64 receives my first payroll deduction allocation from Fulton County Finance Department. I also acknowledge that I have the option of paying the first quarter of the Legal Defense Plan in the amount of Eighty-One Dollars in advance in order to receive Legal Defense immediately after being voted in as a member of Fulton County Lodge 64. The Eighty-One Dollars if paid in advance is **non-refundable** nor will it be minus from the total payroll deduction for membership fees.

Initial and date here if you are paying for Legal Defense in advance: _____

INSURANCE BENEFICIARY INFORMATION (If more than one please list the information separately)

Beneficiary (1): _____
DOB: _____ Social Security #: _____
Relationship: _____ Telephone #: (____) ____ - ____
Address: _____
City: _____ State: _____ Zip: _____

Beneficiary (2): _____
DOB: _____ Social Security #: _____
Relationship: _____ Telephone #: (____) ____ - ____
Address: _____
City: _____ State: _____ Zip: _____