

Fraternal Order of Police Fulton County Lodge #64

PAID	
CHECK#_	
CASH	
BILL	

APPLICATION FOR MEMBERSHIP

To:	All Potenti	al Members
obey all orders there from not American citizen, not cheat, wi same to be done if in my power in sickness or distress so far a this Order to anyone not entitle	his Order, recognize the autho in conflict with my religious o rong or defraud this Order or r to prevent it at all times, aid s it lies in my power to do so d ed to receive them. To all of w	g to the best of my ability to complority of my legally elected officers or political views or my rights as an any member thereof or permit the and assist a worthy Brother or Sist and not divulge any of the secrets of which I am willing to most solemnly ion or have any pre-existing legal
(Signature)		(Date)
Ful	ton County Lodge APPLICATION FO	
(Check One) New M	_	_
<u> </u>		,,
		, #
		£
Address:		
		Zip:
		_DOB:
Email Address:		
		Status: Active/Retir

Applicant's Signature:



Fraternal Order of Police Fulton County Lodge #64

MEMBERSHIP INDUCTION

I	in the n	presence of the Creator of the L
cerely promise and swear, that this Order, recognize the auth not in conflict with my religio wrong or defraud this Order of the prevent it at all times, aid at lies in my power to do so and to receive them. To all of whit	at I will to the best of my ability of my legally elected off yority of my legally elected off yor any member thereof or per and assist a worthy Brother of yor did not divulge any of the secret yor I am willing to most solem	presence of the Creator of the Usembled, do most solemnly and lity comply with all the laws and officers and obey all orders there ights as an American citizen, no mit the same to be done if in mor Sister in sickness or distress sets of this Order to anyone not annly and sincerely promise and by consent to be expelled from the same to be consent to be expelled from the same and t
(Member Sig	nature)	(Induction Date)
	ANCE BENEFICIARY I han one please list the info	
Beneficiary (1):		
DOB:		#:
Address:	Telephone #: (()
	State:	Zip:
Beneficiary (2):		
DOB:		#:
Relationship:		
	Telephone #: ((

City: _____ State: ____ Zip: ____