



**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 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
(underline status)

Applicant's Signature: _____



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)

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: _____