



Durango Lodge #8 FRATERNAL ORDER OF POLICE

P.O. Box 2172, Durango CO 81302
Email: durangofop08@gmail.com

Membership Enrollment Application

PERSONAL INFORMATION (Please Print)					Badge #
FIRST NAME		MIDDLE NAME		LAST NAME	
HOME ADDRESS			CITY, STATE		ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY NUMBER		AGE	DATE OF HIRE	
AGENCY OF EMPLOYMENT		FACILITY ASSIGNMENT			
HOME PHONE#	WORK PHONE #	CELL PHONE #	E-MAIL ADDRESS		
APPLICANT'S CERTIFICATION - Please read carefully					
<p>To my knowledge, I am not named in any suit, action, or proceeding, or am I under investigation for a duty-related incident except for the following (please list all pending legal actions, or state, <i>none</i>):</p> 					
<p>I hereby apply for enrollment in the fraternal order of police. I agree to abide by all the terms and conditions thereof.</p>			<p>X _____ Applicant's Signature</p>		
<p>I hereby apply for enrollment in the F.O.P. Legal Defense Fund. I agree to abide by all the terms and conditions thereof. I agree to be truthful when making claims and I agree to release all information required by the Fund and Fund coordinators/agents.</p>			<p>X _____ Applicant's Signature</p>		
<p>BENEFICIARY NAME AND RELATIONSHIP:</p> <p>_____</p>			<p>DATE OF APPLICATION:</p> <p>_____</p>		