

Polk County Fraternal Order of Police Lodge 46

Active Membership Application



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Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip Code: _____ Telephone () _____

Personal Email (no agency emails permitted) _____

Current Agency/Agency Retired From _____ Date of Hire _____

Beneficiary Name _____ Relationship _____

Beneficiary Address _____ City _____

Beneficiary State _____ Zip Code _____ Telephone () _____

Have you ever been a member of an FOP Lodge before? _____ If YES, - where/lodge#: _____

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Active Membership Dues: \$117.00

Mail completed application accompanied with a check for dues to:

Polk FOP Lodge 46
PO Box 5295
Lakeland, FL 33813

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In the presence of the Creator of the Universe and the members of the Fraternal Order of Police, I do most solemnly and sincerely promise and swear, that I will, to the best of my ability, comply with all of the laws and rules of this Order; that I will recognize the authority of my legally elected officers and obey all orders therefrom 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 secrets of the Order to anyone not entitled to receive it. To all of which I most solemnly and sincerely promise and swear. Shall I violate this, my solemn oath or obligation, I hereby consent to be expelled from the Order; to this I swear.

Signature _____ Date _____

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Polk County Sheriff's Office Payroll Deduction Authorization

I authorize the Polk County Sheriff's Office to deduct my Polk County Fraternal Order of Police Lodge 46 dues of \$117.00 from my pay at a rate of \$4.50 per pay period for 26 pay periods. I acknowledge that if I terminate my employment with the Polk County Sheriff's Office, I will be obligated to pay the remaining dues balance to the Polk County Fraternal Order of Police Lodge 46, in order to continue my membership. I understand that my electronic signature is binding.

PCSO Member's Signature: _____ Member #: _____