

FRATERNAL ORDER OF POLICE

Associate Application



Lodge #171 Flagler County, Florida

Applicants Name: (Print) _____
Address: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
DOB: ____/____/____ Email: _____
Occupation: _____
Sponsored by: _____

I do hereby certify that I am an U.S. Citizen and are of good character and as an Associate member of Lodge #171 I will obey the Constitution and By-Laws of the Fraternal Order of Police.

I give permission to FOP Lodge #171 permission to investigate my background: _____ Date: _____

Yearly Dues: \$50 per family/\$30 single

Name of spouse or family member: _____

****Official Use Only****

Received by: _____

(Please check off how paid)

Dues Paid: _____ Check # _____ Credit Card: _____

Investigated and Approved by: _____

(Updated August 2025)

****Please destroy any previous blank applications****