Fraternal Order of Police

Membership Application

I hereby make application for Membership / Renewal in the Pitt-Greenville Lodge #69 Fraternal Order of Police.

* Denotes Required Field – WILL NOT BE DISCLOSED OUTSIDE FOP CHANNELS WITHOUT WRITTEN PERMISSION.

Membership Type*: ___**Active $184.00** (Sworn LEO) ___**Affiliate $184.00** (Reserve Officer / Support Personnel) ___**Associate $65.00** (Civilians) ___**Retired $65.00** (No Longer Employed in Law Enforcement)

First Name* **Middle** **Last Name***

Mailing Address* **City*** **County*** **State*** **Zip***

Home Phone* **Work Phone*** **Cell Phone** **Fax**

Last 4 Social Security Number* **Date of Birth*** **Home Email address***

Employing Agency* **(or Agency Retired From)** **Start Date (Retire Date)**

Agency Address* **City*** **State*** **Zip***

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PRIMARY BENEFICIARY: **TO RECEIVE PROCEEDS IF LIVING AT THE TIME OF MY DEATH.**

Name* **Relationship to me***

Beneficiary Address* **City*** **State*** **Zip***

SECONDARY BENEFICIARY: TO RECEIVE PROCEEDS IF PRIMARY BENEFICIARY IS NOT LIVING AT THE TIME OF MY DEATH.

Name* **Relationship to me***

Beneficiary Address* **City*** **State*** **Zip***

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Obligation

I, the undersigned, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police, do most solemnly and sincerely promise and swear, that I will to the best of my ability comply with all laws and rules of this Order: that I will 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; 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 of the secrets of this order to any one not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath and obligation, I hereby consent to be expelled from the Order.

Your application must be voted upon and approved by the local lodge and then forwarded to the state lodge along with required membership dues. Coverage becomes effective once received by the State Lodge.

Signature (Required) _____ _____
Date

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Membership dues are due by **September 1st of each year**. If dues are not received by **October 15th**, your benefits will cease. **The Revenue Act of 1987 requires us to remind you that dues are not tax deductible.**

NOTE: Applications cannot be processed unless every field is completed and the application is signed.

Please mail completed Application to Pitt-Greenville FOP Lodge #69, P. O. Box 1762, Greenville, NC 27835-1762