

Fraternal Order of Police

Membership / Renewal 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.

	· · · · · · · · · · · · · · · · · · ·	iate A \$184.00 As Civilian	ssociate B \$65.00	Retired \$65.00 D Longer Employed in Law Enforcement
First Name*	Middle		Last Name*	
Mailing Address*	City*	County*	State*	Zip*
Home Phone*	Work Phone*	Pager or C	Cell Phone	Fax
Social Security (Last Four)*	Date of Birth*	Race / Gender /Et	hnicity	Home Email*
Employing Agency* (or A	gency Retired From)		Start D	Date (Retire Date)
Agency Address*	City		ate*	Zip*
Spouse / Family Member:		R PROVIDES A DEAT R A LINE OF DUTY DE	H BENEFIT. HOWE	
Name*	Relationship to me*			
Address* SECONDARY Person:	City	* Sta	ate*	Zip*
Name*	Relationship to me*			
Beneficiary Address*	City	* Sta	ate*	Zip*
I, the undersigned, in the presence of promise and swear, that I will to the brofficers and obey all orders there from or defraud this Order, or any member Brother (or Sister) in sickness or distrectible to receive them. To all of which consent to be expelled from the Order	est of my ability comply with a n not in conflict with my religio thereof, or permit the same to ess, so far as it lies in my pow ch I most solemnly and since	Obligation and the members of the Frate all laws and rules of this Orde bus or political views, or my ri bus be done if in my power to p wer to do so; that I will not div	ernal Order of Police, do ner: that I will recognize the ights as an American citizorevent it; that I will at all toulge any of the secrets of	e authority of my legally elected en; that I will not cheat, wrong, imes aid and assist a worthy f this order to any one not
Your application must be vo along with required member Thanks for your interest in FO	ship dues. Coverage			
Signature (Required)				Data
*********	*******	********	*******	Date ********
Membership dues are due by cease. The Revenue Act of				

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

Please mail Application to: Pitt-Greenville FOP Lodge 69, P. O. Box 1762, Greenville, NC 27835-1762 (04/2