



Chesterfield FOPA Lodge #47

P.O. Box 2995

Chesterfield, VA 23832

Application for Membership

Name _____ SSN _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

DOB _____ Spouse _____

E-Mail Address _____

Occupation / Employer _____

Sponsor / Reference _____

Initiation Fee: \$25.00

Yearly Dues: \$35.00

Please enclose a check in the amount of \$60.00 made payable to Chesterfield FOPA Lodge #47 along with the application which must be submitted to the FOPA Board with further order of approval by the FOP.

I, as a member of the **FOPA**, do hereby understand and agree that the **FOPA** is united to promote the welfare, moral, intellectual, social, and economical benefits to all law enforcement officers and their families in Chesterfield County, VA. And recognize a need towards friendship between the **FOP** and **FOPA** membership thereby creating harmony with the **FOP** giving support to their needs and undertakings and further agree that this is my purpose for joining the **FOPA Lodge #47**.

Signature

Date

FOPA: Date of Reading _____ Accepted _____ Declined _____

FOP: Date of Reading _____ Accepted _____ Declined _____