

Fraternal Order of Police Chesterfield Lodge #47

Auxiliary

Application for Membership

Date _____

Name _____ Birth Date _____

Address _____

Phone Number (H) _____ (W) _____
(Cell) _____

Email address _____

FOP Member Name _____ Relationship _____
Department _____

New Member _____ Reinstatement _____ (I or II)

Have you ever applied or been a member of another FOP Auxiliary?

_____ If yes, please state the name of the Lodge, its location and disposition of your status: _____

I, hereby tender my application for membership into the Chesterfield Lodge # 47 Fraternal Order of Police Auxiliary. If accepted into membership, I pledge myself to work for the advancement of the Order and its members everywhere.

_____ Date _____
(Signature)

Recommended by: _____ Date _____
Application voted on _____ () Accepted () Rejected
Date of Initiation _____

Please make checks payable to FOP Auxiliary # 47
Membership dues for one year are \$30.00
Date paid: _____ amount paid: _____ check #: _____

(Signature of Secretary)

(Date)

(seal)

"Never let them walk alone"