

# Fraternal Order of Police



Chesterfield Lodge #47

## Application for Active Lodge Membership

Name of Applicant \_\_\_\_\_

(Last)

(First)

(Middle)

Application Type: ( ) New ( ) Reinstatement Member Type: ( ) Regular Sworn ( ) Retiree

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Agency Address: \_\_\_\_\_

This Agency is: ( ) Federal ( ) State ( ) Local

Unit/Badge #: \_\_\_\_\_ Rank/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Line of Duty Death Beneficiary: \_\_\_\_\_

Beneficiary's relationship to member: \_\_\_\_\_

Any previous police/security experience (please give agency's name and contact person)  
\_\_\_\_\_

Have you ever applied to this or any other Fraternal Order of Police? ( ) Yes ( ) No

Are you an active or past member of another lodge? \_\_\_\_\_

(If yes, please give lodge name and number)

Spouse's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(if applicable)

(MM-DD-YYYY)

Children's Names and ages: \_\_\_\_\_

Date submitted: \_\_\_\_\_ To Whom: \_\_\_\_\_

(MM-DD-YYYY)

(member accepting application)

***FOP bylaws require this application to bear signatures of two (2) sponsoring, active members in good standing.***

Active Member #1: \_\_\_\_\_ FOP Member #: \_\_\_\_\_

Active Member #2: \_\_\_\_\_ FOP Member #: \_\_\_\_\_

## Oath of Obligation

*In the presence of the Creator of the Universe, I do most solemnly and sincerely promise and swear  
that I will, to the best of 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 therefrom 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 anyone not entitled to receive them.  
To all of which I solemnly and sincerely promise and swear. Should I violate this, my solemn oath of  
obligation, I hereby consent to be expelled from the Order.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee: \$ 8.00 Annual dues: Regular member \$ 75.00\* Retiree \$ 35.00

\*Dues will be prorated according to the month you join with the last quarter (October, November and December) being \$14.00 to cover per capita

**NOTE:** For every month after January, dues will be prorated by deducting \$6.25 per month until the last quarter of the year.

*(Membership dues are considered paid through Dec. 31<sup>st</sup> of the year in which your application was approved)*

Please make checks payable to: **Chesterfield FOP Lodge 47**  
**P.O. Box 625, Chesterfield, VA 23832**

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### DO NOT WRITE BELOW THIS LINE. FOR LODGE USE ONLY

First reading date: \_\_\_\_\_ Second reading date: \_\_\_\_\_

Vote by membership: ( ) Accept ( ) Reject

Notes from Membership Committee:

Discussion from Membership at large:

Installation/Reinstatement date: \_\_\_\_\_

Fee collected: \$ \_\_\_\_\_ Check #/cash/cash app \_\_\_\_\_ on (date) \_\_\_\_\_

Membership letter-date mailed: \_\_\_\_\_ Letter type: ( ) Paid ( ) Unpaid

Dates entered in database: Local \_\_\_\_\_ National \_\_\_\_\_

Information requested \_\_\_\_\_ Card/decal letter-date mailed: \_\_\_\_\_