



WNC-MACON JACKSON COUNTY
FRATERNAL ORDER OF POLICE LODGE #81
APPLICATION FOR MEMBERSHIP

To the Officers of the Fraternal Order of Police

I, the undersigned, do hereby make application for Membership with the WNC-Macon Jackson county Lodge #81. This application is being made for the following membership type:

MEMBERSHIP TYPE	CLASSIFICATION	CHECK ONE
Active Membership	Active Officer/Retired Officer	
Affiliate Membership	Detention Officer/Part Time Officer/Support Staff	
Associate Membership	Interested Citizen wishing to be a part of this Lodge	

Please print the following information:

Email Address: _____

Full Name: _____ DOB: _____

Mailing Address: _____ City/State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone :(____) _____

Representing Department: _____ City/State: _____ Zip: _____

Employment Status: (Please Circle) ACTIVE RETIRED Transfer in from Lodge #: _____ City/State: _____

Obligation

I, _____, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police here assembled, do most solemnly and sincerely promise and swear, that I will to the best of my ability comply with all the 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 members 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/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 or obligation, I hereby consent to be expelled from the Order.

I read the Obligation above and affix my signature in acknowledgement: _____

Date: _____

If my membership should be revoked or discontinued for any cause other than retirement while in good standing, I do hereby agree to return to said Lodge my membership card and any other material bearing the FOP insignia, such as auto emblem, lapel pin, etc. Applicant is subject to a background check.

Mail or Deliver Application & Dues To:
Fraternal Order of Police
P.O. Box 12
Franklin, N.C. 28744-0012
 For any Questions or Additional Information
 Call
 Tom Pruett
 (828) 421-1138

Recommended or Received by: _____
Date: _____
Membership Committee Recommendation: _____
Presented to Lodge Membership on : _____ Lodge Approval: Yes / No