



Fraternal Order of Police

Newport News – Lodge #25

Application for Membership



DATE OF APPLICATION: _____ RECEIVED BY: _____

Name of Applicant: _____

Date of Birth: _____ SSN: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Pager: _____ Email Address: _____

Type of Law Enforcement Agency where Employed:

Federal: _____ State: _____ Municipal: _____ Retired: _____

Name of Agency: _____

Date of Employment: _____ Retirement Date: _____

Arrest Record: YES: _____ NO: _____

IF YES, PROVIDE ARREST DATE, CHARGE, JURISDICTION, DISPOSITION AND ANY COMMENT ON ADDITIONAL SHEET.

Have you ever been a member or made an application for membership in any FOP Lodge?

YES: _____ NO: _____

If yes, please provide Lodge name / location and reason for leaving. If you are transferring membership, provide Lodge name, location and membership number.

What committees are you interested in serving on? _____

Are there any special areas or concerns you feel the FOP needs to address?

Dues:

Annual dues are \$50.00 (\$25.00 for retired members) payable each January starting in 2010. Dues may be paid by payroll deduction at the Newport News Municipal Employees Credit Union. (Forms are available at the Credit Union.) Upon completion of your application, you will be on the Local, State and National FOP membership rosters. You will be welcomed at any FOP lodge in the US, Canada or Europe.



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Please submit your check for your dues (\$50.00 annually) at the time your application is submitted. If for any reason your Application is denied, you will be refunded the annual dues. Checks are to be made payable to: ***NNFOP Lodge #25.***

I _____, do hereby authorize a review and full disclosure of any and all criminal history and background information concerning myself to the FOP Board of Directors and General Membership Body. Whether said records be private, public or confidential. I understand that any such information developed directly or indirectly from this authorization release may be used to determine my suitability for membership.

I certify that any person(s) providing or furnishing such information shall not be held accountable and I hereby release said person(s) from any liability which may be incurred as a result of furnishing such information, in as much as information furnished is truthful and accurate.

I certify that if this application is accepted, I will support the activities of the Lodge and that I will not divulge any information about the lodge or its members to anyone not entitled to receive it.

Signature of Applicant

Date

Witness / Sponsor

Date

Signature of

Note: Please check with your sponsor or contact the Lodge at: **newportnewsfop25@yahoo.com** to determine if your application has been approved. New members are sworn in during regular business meetings of the General Membership on the 2nd Thursday of each month.

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To Be Completed By Lodge Board Member

Recommended by Active Lodge Member: _____

Special Member Status: _____

Date 1st Year's Dues Received (\$50.00): _____ Check #: _____

Date Application Accepted by Lodge: _____

Date Sworn in as an Active Member: _____

Signature of Lodge Secretary: _____

Membership Card Issued (date): _____ Card #: _____