Fraternal Order of Police

Mesa F.O.P. Lodge 9 **MEMBERSHIP APPLICATION**

Active F.O.P. Member, Retired Law Enforcement Officer

Name: _____ _____ _____
LAST FIRST MIDDLE INITIAL

Address: _____
STREET CITY STATE ZIP

Home Phone: - - Work Phone: - - Pager: - -

Mobile Phone: - - Home email address: _____

Agency: _____ Occupation/Rank _____

Spouse/Partner: _____ _____
LAST FIRST

I _____, hereby apply for membership in the "Fraternal Order of Police/Arizona Labor Council, Inc." (FOP/ALC). I authorize the "FOP/ALC" to act as my official representative in all job related matters concerning my wages, hours, and conditions of employment in order to promote and protect my economic welfare.

Further, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police, do 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 legal 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 most 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 **DATE**

_____ _____
MEMBER WITNESS SIGNATURE MESA F.O.P. LODGE 9 PRESIDENT SIGNATURE

Dues are the actual cost of state and national F.O.P. per capita dues plus $74.00 per year adjusted each September 1 – currently $100/annually. The treasurer and secretary will send bill notices in the fall of every year.