

## FRATERNAL ORDER OF POLICE

## **INTER-COUNTY LODGE #9**

P.O. BOX 4161, LINDENWOLD, NJ 08021 PHONE: 856-783-9444

## APPLACATION FOR ASSOCIATE MEMBERSHIP

(INITIAL APPLICATION FEE \$35.00 / YEARLY RENEWAL \$25.00)

(Please Print)			
Applicants Name:			<u>.</u>
Home or Cell Phone Numbe	r:		
Home Address:			
Employers Name & Address	:		
Drivers License Number:			State:
Date of Birth:	E-Mail Address:		
Please Check One: Married:			
Single:	Divorced:	Widowed:	
Spouse's Name:			
Have you ever been denied	an Associate Membership in	any F.O.P. Lodge? Yes	No
Have you ever pleaded guilt	ry to or been convicted of a c	rime not including traffic	violation?
YesNo			
Have you ever had your driv	ver's license suspended & if s	o for what reason? Yes	NO
Are you now, or have you e	ver been a member directly o	or indirectly connected or	affiliated with any
hate groups or organization	s advocating or believing in t	he overthrow of the gove	rnment of the United
States? YESNO	-		

I agree, if found qualified, to abide by all the laws, rules, and regulations of the Order: and I acknowledge that all decals, membership cards, emblems, ect., are the property of the Lodge and may be recalled by this Lodge or any Lodge of this Order for the misuse, or for non-payment of dues. I further agree to return said items within 10 days of an official request. I hereby affirm and certify all the above answers and statements are true and factual to the best of my knowledge and belief. I pledge to abide by all the laws, rules, and regulations of this Order.

Applicant's Signatu	ıre:		
		Date:	
Applicant's Sponso	r:		
		Date:	
**SEND TO: Inter-0	County Lodge 9, P.O. Box	4161, Lindenwold, NJ 08021 or email	to
info@njfoplodge	9.com		
(For Lodge Use Onl	ly)		
	Approved:	Denied: Date:	
	Lodge #9. Presidents	Signature	