



Petition for Initiation and Membership
Fraternal Order of Police Associates
Parma Lodge #14

PLEASE PRINT OR TYPE

Date of Application: _____

Full Name:	Place of Birth:	Date of Birth:
Address:	City, State, Zip Code:	Phone #:
Driver License #:	State License Issued:	
Profession/Occupation:	Name of Business:	
Business Address:	City, State, Zip Code:	Business Phone #:
Email Address:		

Has applicant previously been proposed for membership in this or any other Lodge of the FOPA?

_____ If yes, list date(s). _____

Has applicant ever been a member of any FOPA Lodge? _____ If so, which Lodge? _____

How long has applicant lived in Ohio? _____ Married? _____ No. of Dependents _____

Is applicant a U.S. Citizen? _____ If not, list country of citizenship _____

How long has applicant worked at current employer? _____

If less than two (2) years, list employers and their addresses for the previous two (2) year period.

List all civil and criminal cases in which applicant is the defendant.

List all traffic violations in the previous three (3) years in which the applicant has been cited.

I, _____, the undersigned, hereby make application to join this Lodge of the Fraternal Order of Police Associates of Ohio, Inc. and hereby state that I am over eighteen (18) years of age. I hereby state that I am of good repute, and have not been convicted of any felony and never been a member of any subversive or anti-American organization. I hereby state that the information submitted on this application is true and factual. I do agree, if found qualified, to abide by the rules, laws and regulations of the Lodge, and that membership cards, decals, metal emblems, etc., are the property of the Lodge and can be recalled by the Lodge of this order for misuse, misrepresentation, or other valid reasons.

I hereby authorize any law enforcement agency or organization the authority to investigate or furnish information concerning me as may be required by the Fraternal Order Of Police Associates of OHIO, Inc., without recourse, for consideration of application to become a member. This will be held confidential.

Signature of applicant: _____

The applicant listed above has been recommended and vouched for by, and on the honor of:

_____ (FOPA) _____ (FOP)

_____ (FOPA) _____ (FOP)

MUST BE SIGNED BY TWO (2) SPONSORS

Send completed application to:

**Fraternal Order of Police Associates
Parma Lodge #14
Attn: FOPA Secretary
13188 Root Rd.
Columbia Station, Ohio 44028**

Once a completed application for membership is received, a minimum of two (2) months is needed to process the application. You will be notified by the FOPA when the investigation is complete.

Date application was received by FOPA Lodge #14. _____

Was name of applicant sent to newsletter editor? _____

Date application was received by FOP Lodge #15 Secretary. _____

Date background check was completed. _____

Date application was returned to FOPA _____

Date application was presented to Lodge #15 membership _____

Was applicant approved by Lodge #15 membership? _____

Date applicant was contacted to be sworn in? _____ Date applicant sworn in _____

For information on membership call or write:

William H. Noss
1721 Melody Lane
Medina, Ohio 44256
330-321-9977
whnoss@netscape.com

Chuck Oriold
4781 Center Rd.
Brunswick, Oh 44212
330-225-2328
oriolch@yahoo.com

Mary Bentley
13188 Root Rd.
Columbia Station, Oh 44028
440-236-3858
labdog99@yahoo.com