

**Sarasota County Law Enforcement Officers
Fraternal Order of Police Lodge # 45
PO BOX 1025
Venice, FL 34284**

I, _____, apply for membership as an **ACTIVE** member of the Sarasota County Law Enforcement Officers Fraternal Order of Police Lodge #45, and hereby submit the following information regarding myself:

FULL NAME: _____
(Last) (First) (Middle)

ADDRESS: _____ CITY: _____ ZIP: _____

BIRTHDATE: _____ AGE: _____ Last four of Social Security: _____

E-MAIL: _____

PHONE: (____) _____ FAX (____) _____

OCCUPATION: _____ EMPLOYER: _____

I swear that the above information is true to the best of my knowledge and that this information will be held in confidence and I understand that if I am accepted into the F.O.P., I will support the Lodge and bring credit upon the Membership. I further understand that all emblems and decals furnished to me are the property of the Lodge and if my membership is revoked or I choose to withdraw my membership that I will return such emblems and decals to the Lodge.

Recommended by: _____ Date: _____

Signature of Applicant: _____

NOTE: Yearly dues are **\$52.00 for Active Members**. All memberships expire 12/31 of each year. Payment of dues must accompany this application. If you are an employee of the Sarasota County Sheriff's Office you are eligible to have your dues paid by payroll deduction. Please complete the payroll deduction form and attached with this application. If an application is received after June of any year, dues shall be one half the annual fee and will expire 12/31 each year.

Membership Committee Only: The membership Committee has investigated the applicant and recommends that the applicant be **ACCEPTED** * **DENIED** (circle one).

Signature of the Membership Committee Chairman: _____

Date of Acceptance or Denial into the Lodge: _____

• PLEASE KEEP THE LODGE SECRETARY INFORMED OF ANY CHANGES TO YOUR ADDRESS OR EMAIL ADDRESS AT ALL TIMES.

Florida State Lodge
Fraternal Order of Police
Application for Membership
(For all new local lodge members to be submitted with Per Capita Tax)

Name: _____

Home Address: _____

City: _____ Zip: _____

Cell Phone: _____

Email Address: _____

Membership Oath

This is the oath that each member **must** take when becoming a member of the Fraternal Order of Police.

I, _____ (print your name), 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 abate all orders there from 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 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 or obligation, I hereby consent to be expelled from the order.

Signature: _____

Date: _____

