

FRATERNAL ORDER OF POLICE

LODGE 104 – CLAY COUNTY, FLORIDA

MEMBERSHIP APPLICATION

PLEASE PRINT

Name: _____ Date of Application: _____
Address: _____ Mailing Address: _____
City: _____ City: _____
State: _____ ZIP: _____ State: _____ ZIP: _____
Home Telephone: _____ E-Mail: _____

EMPLOYMENT

Employer: _____ Position: _____
Telephone Number: _____ Extension: _____
Immediate Supervisor: _____ Telephone Number: _____

PERSONAL DATA

Date of Birth: _____ / _____ / _____ Date of Employment: _____ / _____ / _____
Social Security #: _____ Years in Law Enforcement: _____

Spouses Name: _____
Spouses Date of Birth: _____ / _____ / _____

Have you ever applied for membership in this or any other Lodge of this Order? _____
If so, are you still a member? _____
If so are you applying for reinstatement or transfer? _____

Have you ever been rejected for membership by any Lodge of this Order? _____
If so why? _____

Signature of Applicant

All applicants stop here! - Thank you for your interest in Lodge 104

Lodge Vote: _____ Accept: _____ Reject: _____
Letter of Notification: _____ Initiation: _____ Per-Capita: _____

Comments: _____
