

**Fraternal Order of Police**  
**Municipal Officer's Lodge No. 009, Inc.**  
P.O. Box 155, Riverdale, Maryland 20738-0155

**New Member Application**  
**Fiscal Year 20\_\_\_\_\_**

Dues for Active: \$100.00\*

Dues for Retired: \$25

\*Dues are prorated throughout the year. If your application date is prior to 3/31/\_\_\_\_ the dues are \$100; between 4/1/\_\_\_\_ - 6/30/\_\_\_\_ dues are \$75; between 7/1/\_\_\_\_ - 9/30/\_\_\_\_ dues are \$50; between 10/1/\_\_\_\_ - 12/31/\_\_\_\_ dues are \$25.

All applications must be accompanied by a check or money order made payable to F.O.P. Lodge 009. Please Print or Type.

**I, the undersigned, a regularly employed / retired law enforcement officer, do hereby apply for membership in Municipal Officer's Lodge 009.**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP CODE:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_

**SSN (mandated):** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**RANK:** \_\_\_\_\_

**PLACE OF EMPLOYMENT:** \_\_\_\_\_

**YEARS OF SERVICE:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_

**PAGER:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**CELL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

I hereby make application for membership in the Fraternal Order of Police, Municipal Lodge No. 009, Inc., in accordance with its Constitution and By-Laws and agree to be bound therewith. If my membership should be revoked or discontinued for any cause other than retirement while in good standing, I do hereby agree to return to the Lodge 009 my membership card and any other material bearing the F.O.P. insignia, such as auto emblems, lapel pin, etc.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referred By FOP Member

**FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE**

DATE OF DISPOSITION \_\_\_\_\_ PAYMENT TYPE CHECK# \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ AMT \_\_\_\_\_

ACCEPTED \_\_\_\_\_ REJECTED \_\_\_\_\_