Fraternal Order of Police

Maryland Municipal Officer's Lodge No. 9, LLC.

P.O. BOX 155, RIVERDALE, MARYLAND 20738-0155

Active/Retired Member Application

Fiscal Year 202___ **Member #_____**

Dues for Active: $168.00 Legal Plan $396.00 Active Members Total Due $564.00 **Dues for Retirees $68.00**

Dues & Legal Plan are for period January 01 to December 31 of each calendar year! Renewal Apps & Fees Must be received NO later than January 31, 2026 or you will be suspended per our by-laws!! Cards & Stickers will not be mailed out until Paid in Full All Active applications need to be accompanied by $564.00) payment to F.O.P. Lodge 9, By PayPal, Cash App, Zelle, Check, Money Order. Contact Lee If this is a problem!

Please, Clearly Print the below requested information.

I, the undersigned, a regularly employed and/or retired law enforcement officer, do hereby apply for membership in The Fraternal Order of Police Maryland Municipal Officer's Lodge 009 LLC

NAME_____

HOME ADDRESS_____

CITY_____ **STATE**_____ **ZIP CODE**_____

BIRTH DATE _____ **MALE- FEMALE** **SSN (mandated)** _____

CELL PHONE _____ **PERSONAL E-MAIL** _____

EMPLOYING/RETIRED AGENCY_____

CURRENT/RETIRED RANK _____ **YEARS OF SERVICE**_____

I hereby make application for membership in the Fraternal Order of Police, Maryland Municipal Officers 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 Lodge 009 my membership card and any other material bearing the F.O.P. insignia, such as auto emblem, lapel pin, etc. I also understand that my FOP tags issued by MVA will be flagged for non-renewal and the Hylant Group/ Legal Plan will be notified of my non-membership status.

_____

Applicant's Signature Date

Sponsored By _____

Any Questions contact President Lee Donaldson 240-464-3140/ president@mdfop9.com

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

DATE PAYMENT RECEIVED: _____ PAYMENT TYPE: CHECK #_____ PAY PAL# _____ ZELLE#_____

MONEY ORDER#_____ CASH APP# _____ APPROVED PAYMENT PLAN __2__3__4

AMOUNT $_____ ACCEPTED _____ REJECTED _____ 10/09/25lll
INITIALS INITIAS

Representing Municipal Police Officers Through Out Maryland