Fraternal Order of Police

Membership # _____

Municipal Officers Lodge 9, Inc.

P.O. Box 155, Riverdale, Md. 20738-0155

Associate Membership Application

Year 20____

Dues are $60.00 a year and are Prorated Quarterly

Please Print All Information

Name_____ Date of Birth _____/_____/_____

Address _____ Age ____ Male,_____ Female, _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____Occupation _____

Personal E-Mail _____

Have you ever been convicted of a serious criminal offense? * If Yes, Please, explain on back of application. **A yes, does not mean you are automatically refused membership.** If you are refused, You, will be notified and all funds returned to you.

I hereby make application for membership in the Fraternal Order of Police, Municipal Officers Lodge 9, 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 9 my membership card and any other material bearing the F.O.P. insignia, such as tags, auto decals, emblems lapel pins etc.

_____

Applicants Signature Date

_____

Sponsored by Active FOP Member: *Please Print: Must be in good standing with Lodge 9*

Mail Completed Application to Lodge 9 P.O. Box 155 Riverdale, Md. 20738-0155

_____Do Not Write Below This Line_____

Accepted _____ Denied _____ Payment _____ Date _____ Accepted By _____

III 04-23-2017