



FRATERNAL ORDER OF POLICE

Jim Fogleman Lodge #50, Inc

Post Office Box 13044 * North Palm Beach, FL 33408

Office: 561-899-5050 * Email: info@foplodge50.org



PETITION FOR MEMBERSHIP – Part I

I understand that I am voluntarily submitting this petition for membership and it is my responsibility to notify FOP Lodge 50 of any changes to my address, phone numbers, email or other contact information. I further understand and agree that it is my responsibility to notify FOP Lodge 50 of any changes with my employment status if actively employed as a sworn officer or corrections officer. Applicant must be a full time or a retired sworn law enforcement or corrections officer.

PERSONAL INFORMATION

PLEASE PRINT LEGIBLY

LAST NAME: _____ FIRST: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: ____/____/____ SSN (Last 4 Digits): _____

E-MAIL: _____ @ _____

HOME PHONE: ____-____-____ CELL: ____-____-____

AGENCY: _____ POSITION: _____

ID/BADGE # _____ DATE OF HIRE: ____/____/____

RETIREMENT DATE: ____/____/____ L.E. CORRECTIONS

*** Must include a copy of your active or retired LEO or Corrections Officer Identification Card/Credentials ***

PAYMENT OPTIONS (Choose One)

Option #1 (For actively employed members)

Pay monthly membership dues through the Automatic Clearing House (ACH) which will automatically debit the monthly dues from your checking account. You must provide a voided blank check along with this application to initiate this form of payment method.

ACH AUTHORIZATION

I hereby authorize FOP Lodge 50 to initiate monthly debit entries in the amount of \$35.00 (or more in the event of dues increase) from my checking account for my membership dues which includes Legal Aid. I have voluntarily attached a current blank voided check with accurate account and routing numbers to which said entries should be applied. This authorization is to remain in full force and effect until FOP Lodge 50 has received written notification from me to terminate the ACH debit. This termination notification will be provided in a timely manner as to afford FOP Lodge 50 and my bank the reasonable opportunity to act to avoid any penalty for non-payment. I agree to immediately notify FOP Lodge 50 with changes in my bank account. I understand that any non-payment will result in suspension of member privileges and legal aid until all delinquent dues and penalty fees are paid.

Signature: _____ Date: _____

Option #2 (For both retired and/or actively employed members)

Pay annually by check or money order for the entire amount and be billed accordingly each December. Mail your check or money order payable to FOP LODGE 50, POST OFFICE BOX 13044, NORTH PALM BEACH, FL 33408

I have elected to pay my dues annually by check or money order. I understand that I will be billed at the end of each year and my payment is due no later than January 31st of the following year. Failure to pay by the due date will result in suspension of member privileges to include legal aid, if actively employed.

Signature: _____ Date: _____

Sponsoring Member (if any) _____

DUES

ACTIVELY EMPLOYED MEMBER (includes Legal Aid) - \$420.00 annually

RETIRED MEMBER - \$50.00 annually



**FRATERNAL ORDER OF POLICE
JIM FOGLEMAN LODGE #50, INC**

PETITION FOR MEMBERSHIP – Part II

THIS FORM MUST BE SIGNED AND DATED AND SUBMITTED ALONG WITH YOUR PETITION

Membership Oath

I _____ (*Print Applicant 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 rules of this order; that I will recognize the authority of my legally elected officers and obey 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 worthy 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 the 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:** _____

Office Use	
Date Received:	_____
Check () ACH ()	Credentials ()
Committee Approval:	_____
Board Approval:	_____
Members Approval:	_____