

APPLICATION FOR MEMBERSHIP IN

Fraternal Order of Police Associates of OHIO, Inc.

PLEASE PRINT OR TYPE

Date of Application _____ 20 _____

I, _____ the undersigned, hereby make application to join Lodge No. _____,

Fraternal Order of Police Associates, Inc., and hereby state that I am more than 18 years of age, a citizen of good repute of the United States of America. I further swear or affirm that I am not and have not been convicted of a felony and never have been a member of any subversive or un-American organization. I AGREE, If found qualified, to abide by all laws, rules, regulations, of the Lodge providing they do not conflict with my religious or political views or my rights as an American citizen, and that the DECAL, MEMBERSHIP CARD, METAL EMBLEM, etc., are the property of the Lodge and can be recalled by the Lodge of this Order, for misuse or non-payment of dues, or other valid reasons.

Name Birthplace Birth Date

Residence Address - City, State Zipcode Country Phone #

Business Address - City, State Zipcode Country Phone #

Profession or Occupation Send Mail To: Business or Residence

Married: Yes _____ No _____ No. of Dependents _____

Name of Business: _____

Herewith I enclose my check for \$ _____ to cover initiation, fee assessments and dues for the current year.

Social Security # _____ Signature of Applicant _____

Sponsor: Personal questions regarding the applicant which must be answered

before consideration can be given to this application.

Length of time known _____ Personal opinion of applicant _____

The undersigned members of OHIO LODGE No _____ and F.O.P LODGE No _____
recommend the above applicant for admission in said associate lodge.

SPONSORS:

(F.O.P.A.) _____ (F.O.P.)

(F.O.P.A.) _____ (F.O.P.)

Must be signed by two (2) sponsors.

To Whom It May Concern: I hereby give any law enforcement agency or organization
the authority to investigate or furnish information concerning me as may be
required by the Fraternal Order of Police Associates of OHIO, Inc., without
recourse, for consideration of application to become a member. This will be held
confidential.

Signature _____ Date _____

Witness _____ Date _____

For information on membership call or write:
Richard W. Kessler
4742 Blue Rock Rd
Cincinnati, OH 45247-5503
or E-Mail: [Richard W. Kessler, State President](mailto:Richard.W.Kessler@fop.org)

To be filled in by F.O.P.A. Staff

Date Received by F.O.P.A. _____ FOP Approved ____ Disapproved ____
B of I Approval _____ FOPS Approved ____ Disapproved ____
F.O.P.A. Board _____ Second Notice _____
Sworn In _____