



# F.O.P.A.

## FRATERNAL ORDER OF POLICE ASSOCIATES OF OHIO, INC.

Coordination, Communication, Cooperation  
Year \_\_\_\_\_

### Petition for Initiation and Membership Warren County, Ohio Lodge #71

(Print Name in Full)	Birthplace	Birthdate	
Residence	City	Zip Code	Phone Number
Name of Employer	Business Address		

Send mail to:  Residence  Business (Check one)

Profession or Occupation \_\_\_\_\_ e-mail address : \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, hereby make application to join this Lodge, of the Fraternal Order of Police Associates of Ohio, Inc., and hereby state that I am more than 18 years of age, and a citizen of the United States of America. I hereby state that I am of good repute and have never been convicted of a felony and have never been a member of any subversive or un-American organization. I AGREE, if found qualified, to abide by the rules, laws, regulations, etc., of the Lodge, 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.

Has applicant been previously proposed for membership in this or any other Lodge of the F.O.P.A.  No  Yes

If yes, (Date) \_\_\_\_\_, Lodge \_\_\_\_\_

Action taken on application \_\_\_\_\_

Have you ever been a member of any other F.O.P.A. Lodge  No  Yes When \_\_\_\_\_ Where \_\_\_\_\_

Herewith, I enclose my CHECK OR MONEY ORDER (ONLY), for \$35.00 to cover initiation fees and dues for one year.

Social Security Number \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

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 \_\_\_\_\_ with recourse, for consideration of application to become a member. This will be held in confidence.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Recommended and vouched for on the honor of:

\_\_\_\_\_  F.O.P.A.  F.O.P.

Member

\_\_\_\_\_  F.O.P.A.  F.O.P.

Member

#### Official Use Only

Filed with F.O.P.A. \_\_\_\_\_ Referred to F.O.P. \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

F.O.P.A. \_\_\_\_\_ F.O.P. \_\_\_\_\_

Approved  Approved  
 Disapproved  Disapproved

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Foc Received \_\_\_\_\_ Initiated \_\_\_\_\_ Elected \_\_\_\_\_