



Fraternal Order of Police

Associate Lodge #33

Florence, Kentucky

Application for Associate Membership

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Social Security No.: _____

Have you ever been arrested? YES NO
 If yes, explain: _____

Are you or have you ever been a member of another FOPA? YES NO If yes, State and Lodge #? _____

Years: _____ If yes, please attach your letter of demit.

Current Employer

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Signatures

This is to certify that I have made the above application and agree to abide by the Constitution and By-laws of the Florence Fraternal Order of Police Associate Lodge #33. Should my membership be revoked, I agree to return to the Secretary the emblem and the card furnished by the Lodge.

I, the undersigned, hereby authorize the Florence Police Department and any other law enforcement agency to release any criminal or traffic record that I may have on file to the Florence Fraternal Order of Police #33, for the purpose of a background investigation.

Signature: _____ Date: _____

Applications require the signatures of a current associate member and a parent member (a current or retired Florence Police Officer).	
Signature of Associate Sponsor:	Printed Name:
Signature of Parent Member:	Printed Name:

Annual membership dues in the amount of \$35 must be paid upon acceptance to the lodge.

For Completion by Screening Committee			
Background completed by:	Application recommended:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Vote by Parent Lodge Date:	Approved by Parent Lodge:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Vote by Associate Lodge Date:	Approved by Associate Lodge:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>