

Fraternal Order of Police Lodge #171
P.O. Box 352643 Palm Coast, FL 32135



Membership Application

Name (print) _____
Address _____ City _____
State _____ Zip _____ Date of birth _____
Home phone () _____ Cell () _____
E-Mail _____ @ _____

Last 4 digits of SS# _____
Insurance beneficiary (print) _____
Address _____ Rel. _____

Yearly dues: \$60.00 Payable prior to 10/31 *

Law Enforcement Information

Department? /Agency in which you served _____
Dates of service: From _____ to _____
Date retired _____ Military service _____
Dept. phone () _____ Supervisor _____

Please attach a photocopy of your picture ID card or credentials.

Are you presently a FOP member elsewhere? YES or NO

*Dues received after 10/31 will be subject to a late charge.

Signature _____ Date _____

Lodge use only

Dues paid \$ _____ Check# _____ Date _____
LEO status investigated by _____ date _____ Approved _____
Entered on SS _____ E-mail _____ To State _____

