

## Membership Application

I, the undersigned, in making this application for membership to the Fraternal order of Police Lodge 5 Auxiliary, do certify that I am 18 years of age or older and I am related to an Active or Retired member in good standing of the Fraternal Order of Police Lodge 5. I may also be related to a member who is deceased.

**Annual Dues:** Annual dues payment is required with this completed Application in the amount of \$20.00 per year, then due by October 1 of each subsequent year thereafter. Checks/money orders should be made payable to FOP LODGE 5 AUXILIARY and mailed to: FOP Lodge 5 AUXILIARY, 11630 CAROLINE ROAD, PHILADELPHIA, PA 19114

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BEST WAY TO CONTACT YOU (CIRCLE ONE): HOME PHONE CELL PHONE EMAIL

FOP FAMILY MEMBER'S NAME: \_\_\_\_\_

FOP MEMBER'S DEPARTMENT/DISTRICT: \_\_\_\_\_

RELATIONSHIP TO FOP MEMBER: PARENT SPOUSE CHILD OTHER

CHILDREN'S NAMES AND AGES: \_\_\_\_\_

IDEAS/SUGGESTIONS/TOPICS OF INTEREST: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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DATE REC'D \_\_\_\_\_ FORM OF PAYMENT: \_\_\_\_\_ SGT @ ARMS \_\_\_\_\_ FS \_\_\_\_\_