

FRATERNAL ORDER OF POLICE LODGE 5 AUXILIARY
 11630 Caroline Road
 Philadelphia, PA 19154
 fop5auxiliary.org

MEMBERSHIP APPLICATION

I, the undersigned, in making this application 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 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 19154.

APPLICANT INFORMATION

Name:		Date of birth:	
Current address:			
City:		State:	ZIP Code:
Home phone:		Cell phone:	
Email address:			
Best way to contact you	<input type="checkbox"/> Home phone	<input type="checkbox"/> Cell phone	<input type="checkbox"/> Email
FOP family member's name:			
FOP member's Department/District:			
Relationship to FOP member	<input type="checkbox"/> Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child <input type="checkbox"/> Other
Children's names and ages:			

MISC

Ideas/Suggestions/Topics of Interest:

SIGNATURE

Signature of applicant:	Date:
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OFFICE USE ONLY

Date received:	Form of payment:	Sgt at Arms:	FS:
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