

*Fraternal Order of Police Lodge 5 Auxiliary*

“Never Let them Walk Alone”

11630 Caroline Road, Philadelphia, PA, 19154



*Membership Application 2022-2022*

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*

Due are \$20.00 annually, and due by October 1, of each subsequent year thereafter. Check/Cash or Money Order can be made out to FOP Lodge 5 Auxiliary and can be paid at a meeting or mailed to:

FOP Lodge 5 Auxiliary  
11630 Caroline Road, Philadelphia, PA, 19154

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Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ Street  
City State Zip

Phone: \_\_\_\_\_ Home or Cell Email: \_\_\_\_\_

FOP Family Member: \_\_\_\_\_ Active or Retired

FOP Member's District/Unit: \_\_\_\_\_ Relationship: PARENT SPOUSE CHILD OTHER

Children's Name(s) and Birth dates: \_\_\_\_\_

\_\_\_\_\_  
Ideas for Guest Speakers/Meeting Topics: \_\_\_\_\_

\_\_\_\_\_  
Ideas for Events and Fundraising: \_\_\_\_\_

\_\_\_\_\_  
What event/fundraising committee would you be most interested in: \_\_\_\_\_

Do you own a business or have a talent that could assist with auxiliary meetings, fundraising or events? If so what and how could you assist us?  
\_\_\_\_\_  
\_\_\_\_\_

Refer a Friend-Name: \_\_\_\_\_ Email \_\_\_\_\_

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Internal Use: Date Rec'd \_\_\_\_\_ Check# \_\_\_\_\_ /Cash/Money Order # \_\_\_\_\_  
SGT@ Arma \_\_\_\_\_ Treasurer \_\_\_\_\_