

Fraternal Order of Police Associates of OHIO, Inc.

PLEASE PRINT OR TYPE

Date of Application _____ 20_____

I, _____ the undersigned, hereby make application to join Ohio Valley Lodge

No. 85, Fraternal Order of Police Associates, Inc., and hereby state that I am more than 18 years of age, a person of good repute legally residing in the United States of America. I further swear or affirm that I am not and have not been convicted of a felony and never have been a member of any subversive or un-American organization. I AGREE, If found qualified, to abide by all laws, rules, regulations, of the Lodge providing they do not conflict with my religious or political views or my rights under American Law, and that the DECAL, MEMBERSHIP CARD, METAL EMBLEM, etc., are the property of the Lodge and can be recalled by the Lodge of this Order, for misuse or non-payment of dues, or other valid reasons.

Name Birthplace Birth Date

Residence Address - City, State Zip Code Country Phone #

Business Address - City, State Zip Code Country Phone #

Profession or Occupation Send Mail To (Circle): Business or Residence

Are You a U.S. Citizen? YES [] NO [] If NO, give country of your citizenship: _____

Married: Yes _____ No _____ No. of Dependents _____

Name of Business: _____

Herewith I enclose my check for **\$35.00** to cover initiation, fee assessments and dues for the current year.

Social Security # _____ Signature of Applicant _____

Sponsor: Personal questions regarding the applicant which must be answered before consideration can be given to this application.

Length of time known _____ Personal opinion of applicant _____

The undersigned members of OHIO VALLEY FOPA LODGE No 85 and OHIO VALLEY F.O.P LODGE No 112 recommend the above applicant for admission in said associate lodge.

SPONSORS:

(F.O.P.A.) (F.O.P.)

(F.O.P.A.) (F.O.P.)

Must be signed by two (2) sponsors.

To Whom It May Concern: I hereby give any law enforcement agency or organization the authority to investigate or furnish information concerning me as may be required by the Fraternal Order of Police Associates of OHIO, Inc., without recourse, for consideration of application to become a member. This will be held confidential.

Signature _____ Date _____

Witness _____ Date _____

For information on membership call or write:
OHIO VALLEY FOPA LODGE #85
523 CINCINNATI BATAVIA PIKE
CINCINNATI, OH 45244
bsvensson@cinci.rr.com

To be filled in by F.O.P.A. Staff

Date Received by F.O.P.A. _____ FOP Approved ____ Disapproved ____
B of I Approval _____ FOPA Approved ____ Disapproved ____
F.O.P.A. Board _____ Second Notice _____
Sworn In _____

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