



FRATERNAL ORDER OF POLICE

FEDERAL LODGE, #12
P.O. BOX 2910
CHULA VISTA, CA. 91912

NAME Last _____ First _____ Middle _____

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Date of Birth _____ SSN# _____
mm/dd/yy

Employer _____ Dept/Division _____ Date Employed _____

Occupation _____

I desire to become a member of FOP Federal Lodge#12 and hereby make application for admission of membership. In the event this application is rejected by the membership of the Lodge, any money deposited in connection with this application will be returned to the applicant. I do hereby voluntarily select Fraternal Order of Police Federal Lodge#12 for the purpose of representation and/or collective bargaining in regards to wages, hours, benefits, and working conditions. I agree that I shall remain a member of good standing of the Lodge for the period of one year, or the terms of the contract and/or memorandum of understanding that is executed by the Lodge in my behalf providing that such agreement has been ratified by the membership of any unit. In accordance to the terms of the Lodge by-laws, I understand that my official membership status begins with the receipt of my first payment of bi-weekly dues to the Lodge and receipt of my required initiation /enrollment fee.

Signature _____ Date _____

TO BE COMPLETED BY LODGE CHIEF FINANCIAL OFFICER

DATE INITIATION DUES RECEIVED _____

DATE STANDARD FORM 1187 COMPLETED AND FORWARDED TO PAYROLL
OFFICE _____

(IF APPLICABLE)