



Membership Application
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# _____

Employer _____ Dept/Division _____

Date Employed _____ Occupation _____

I desire to become a member of FOP Federal Lodge#12 and hereby make application for membership. In the event this application is rejected by Lodge 12, any money deposited in connection with this application will be returned to the applicant.

I agree that I shall remain a member of good standing of the Lodge for the period of one year.

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 membership is approved by the Lodge at the next regular meeting.

Signature _____ Date _____

TO BE COMPLETED BY LODGE Treasurer:

DATE DUES RECEIVED _____

DATE STANDARD FORM 1187 COMPLETED AND FORWARDED TO PAYROLL OFFICE _____