

Application for Membership for Western Hamilton County FOP Lodge 84

I hereby make application to become a member of the Western Hamilton County FOP Lodge 84 and I affirm that I am a FULL TIME Law Enforcement Officer and certified with the Ohio Peace Officer Training Academy (OPOTA). I certify that I am NOT a member of any organization competing for membership with the Fraternal Order of Police.

NAME: _____

Address: _____ City: _____ State: _____ ZipCode: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Agency: _____ ACTIVE or RETIRED _____

Date of Birth ____/____/____ Number of Children: _____

Children(s) Names Date(s) of Birth:

(use back of form if more room is needed)

I hereby appoint _____ as my primary beneficiary whose relationship to me is _____ and will be entitled to my death benefits and/or FOP insurance.

I hereby appoint _____ as my secondary beneficiary whose relationship to me is _____, Understanding that these benefits will be paid upon legal notification to the Lodge 84 Secretary of my death. INITIAL HERE: _____

SIGNATURE: _____ DATE: ____/____/____

DUES: \$50 per year + a one-time initiation fee of \$5

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Date DUES Paid: ____/____/____ Date Application Accepted: ____/____/____

TRUSTEE APPROVALS:

DATE SWORN into the Lodge: _____