



Fraternal Order of Police

Stanley Clark Southwestern Oakland County Lodge 128

PO BOX 311, Walled Lake MI 48390

248-624-9191

email: fop128swolodge@gmail.com

ASSOCIATE MEMBERSHIP APPLICATION

I, _____, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police here assembled, do most solemnly and sincerely promise and swear that I will to the best of my ability comply with all the laws and rules of the order; that I will recognize the authority of my legally elected officers and obey all orders there from not in conflict with my religious or political views, or my rights as an American Citizen; that I will not cheat, wrong, or defraud this order, or any member thereof, or permit the same to be done if in my power to prevent it; that I will at all times aid and assist a worthy Brother or Sister in sickness or distress, so far as it lies in my power to do so; that I will not divulge any of the secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath or obligation, I hereby consent to be expelled from the Order.

Signature: _____ Date: ___/___/___

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: ___/___/___

Employer: _____

Have you ever been a member of a FOP Lodge? _____

Have you ever been arrested? _____

Have you ever been convicted of a crime?

Spouse: _____

Cell Phone: _____ - _____ - _____ Home Phone _____ - _____ - _____

Personal Email Address: _____

Were you ever an active member of the United States Armed Forces? _____, Branch: _____

I understand and agree that all statements made are true. I also understand that any false or misleading information provided by myself in this application will cause an immediate review by the Executive Board for consideration of removal from the Fraternal Order of Police, Stanley Clark Southwestern Oakland County, Lodge #128.

Signature of Applicant: _____ Date: ___/___/___

Signature of Sponsor: _____ Date: ___/___/___

Committee: _____ Approve _____ Rejected Date: ___/___/___ meeting: 1st _____ 2nd _____ 3rd _____
Dues: _____