

**Greater Harrisburg**

**Fraternal Order of Police Lodge 78**

**P.O. Box 6100**

**Harrisburg, PA 17112**

***Membership Application***

**Type of Membership:**

 **( ) Active-$60.00 (Applicant is currently employed as a full-time Police Officer, Probation Officer or Sheriff’s Deputy)**

 **( ) Retired-$45.00 (Applicant has retired from service as a full-time Police Officer, Probation Officer or Sheriff’s Deputy)**

 **( ) Associate-$15.00 (Applicant has not been convicted of a misdemeanor or felony offense of any type)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsored by (must be Active member): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Article VIII-Section 4 states that Fraternal Order of Police emblems are leased property from the lodge for use on your personal vehicle(s) or vehicles(s) of your immediate family. Upon withdrawal, suspension or removal from the lodge, said emblem(s) SHALL be returned to the lodge immediately. Emblems are available from the Lodge Secretary for an additional charge upon acceptance as a member.

**Applicant oath: I do hereby certify that I qualify for the type of membership I am applying for, agree to any terms noted on this form, and that all information above is true and correct to the best of my knowledge**.

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

Membership Committee Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant approved: ( ) Yes Amount Received: $ \_\_\_\_\_\_\_\_\_\_\_

 ( ) No If no, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev.5-2014