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# Fraternal Order of Police, Illinois State Lodge

## Associate Membership Application Form

**Note:** Applications not fully completed or sent without payment will not be processed.

I, \_\_\_\_\_, the undersigned, hereby make application to join the Fraternal Order of Police, Illinois State Lodge Associate membership program. I hereby state that I am a citizen of good repute of the United States of America. I further swear or affirm that I have never been convicted of a felony and have never been a member of any subversive or un-American organization. I **AGREE**, if found qualified, to abide by all laws, rules and regulations of the Illinois State Lodge, providing they do not conflict with my religion or rights as an American citizen. I further agree that the auto decal and any other property bearing the state or national FOP logo are the property of the Lodge and are for use by current Associate members only. These items can be recalled by the Lodge for misuse, nonpayment of dues, or other valid reasons.

### APPLICANT INFORMATION:

Full Name

Residential Street Address

City

State

Zip Code

E-Mail Address

Phone Number

Profession or Occupation

Name of Business or Employer

Business Street Address

City

State

Zip Code

### PREFERENCES:

Please send postal mail to (CIRCLE ONE):      Residential Address      OR      Business Address

**SPONSOR INFORMATION:** To be granted Associate membership, all applicants must have an eligible sponsor\* or agree to undergo a background check by the State Lodge. All information is held in the strictest confidence. Applicant attests that the following individual is **\*an FOP member and/or an active or retired law enforcement professional**, and he/she recommends the applicant for Associate membership.

Name of Sponsor

Sponsor Current/Former Department, Rank and/or Star Number

Sponsor Phone Number

Sponsor E-mail Address

### APPLICANT'S SIGNATURE:

### DATE:

**SUBMIT** completed application and \$30 annual dues to:

Illinois Fraternal Order of Police, State Lodge  
4341 Acer Grove Road, Suite B  
Springfield, IL 62711

**\*\*\*FOR OFFICE USE ONLY\*\*\***

Approved       Denied

(signature) Ted Street, President

Date