



**Fraternal Order of Police, Illinois State Lodge
2010 Associate Membership Application/Renewal Form**

***APPLICATION MUST BE FILLED OUT COMPLETELY INCLUDING SPONSOR
INFORMATION OR YOU WILL BE DENIED**

Date of Application _____, 2010

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 not been convicted of a felony and never have been a member of any subversive or un-American organization. I **AGREE**, if found qualified, to abide by all laws, rules, regulations, of the Illinois State Lodge providing they do not conflict with my religion or rights as an American citizen, that the decal and any other property bearing the state or national F.O.P. logo are the property of the Lodge and in receiving or purchasing them I have received a license for my use of logo items as an Associate Member. These items can be recalled by the Lodge, for misuse or nonpayment of dues, or other valid reasons.

Full Name **Birth Date**

Residence Address **Zip Code** **Phone #** **E-Mail**

Name of Business or Employer

Business Address **Zip Code** **Phone #** **E-Mail**

Send mail to: Business or Residence

Profession or Occupation

Enclosed is my check for \$30 made out to the Fraternal Order of Police, Illinois State Lodge to cover dues for the coming year (2010). The benefits I will receive are one 2010 window decal, membership card and newsletter.

Applicant Signature _____

The undersigned F.O.P. member or law enforcement officer or staff recommends the above applicant for Associate Membership. This information is confidential.

Name of Sponsor

Sponsor Mailing Address **Sponsor Phone** **E-Mail**

For office use only

F.O.P. President Signature **Date** **Approved or Denied**