

Tennessee State Lodge
FRATERNAL ORDER OF POLICE

Membership Application

Name: _____ Email: _____

Address: _____ City: _____ State: _____

Contact Phone Number: _____ DOB: _____

Employer: _____ Date hired: _____ Rank: _____

Death Beneficiary: _____ Relationship: _____

Please note that this death beneficiary remains in place until the member provides the state lodge a new beneficiary in writing.

I, _____, certify that I meet the membership requirements for the Fraternal Order of Police as set forth in their Constitution and By-laws. I understand that providing any false information will be grounds for expulsion from the Fraternal Order of Police Lodge.

Signature

Date

TO BE COMPLETED BY LODGE OFFICERS

I, _____, Secretary of FOP Lodge _____, hereby state that to the best of my knowledge that the above person is entitled to become a member of the Fraternal Order of Police, as stated in the State Lodge Constitution and By-laws.

Signature

Date

I, _____, President of FOP Lodge _____, hereby state that to the best of my knowledge, that the above person is entitled to become a member of the Fraternal Order of Police, as stated in the State Lodge Constitution and By-laws.

Signature

Date

Attention Lodge Secretaries: Upon acceptance of members into your lodges, you are required to submit this form to the State Lodge along with your Losses and Gains in Membership form. Members listed on the Losses and Gains form will not be accepted unless accompanied by this form.

Date received in State Lodge: _____