



Tennessee State Lodge
FRATERNAL ORDER OF POLICE

Membership Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Zip \_\_\_\_\_

Employer: \_\_\_\_\_ Date hired: \_\_\_\_\_ Rank: \_\_\_\_\_

I, \_\_\_\_\_, certify that I meet the membership requirements for the Fraternal Order of Police as set forth in their national and state 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

THIS SECTION IS TO BE COMPLETED BY LOCAL 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: \_\_\_\_\_