



# FRATERNAL ORDER of POLICE

## APPLICATION FOR MEMBERSHIP

Check One:  New Enrollment National Member # \_\_\_\_\_  
 Transfer from another FOP Lodge. Lodge Name & Number \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip)

DOB: \_\_\_\_\_ LAW ENFORCEMENT STATUS: ACTIVE \_\_\_\_\_ RETIRED \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ RETIRED DATE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ YEARS OF SERVICE: \_\_\_\_\_

DUTY PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

INSURANCE BENEFICIARY: \_\_\_\_\_  
(NAME) (RELATIONSHIP)

MARITAL STATUS: \_\_\_\_\_ CHILDREN UNDER 18 YEARS OF AGE (Yes/No) \_\_\_\_\_

### F.O.P. OATH

I, \_\_\_\_\_, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police here assembled, do most solemnly and sincerely promise and swear, that I will to the best of my ability comply with all the laws and rules of this Order; that I will recognize the authority of my legally elected officers and obey all orders there from not in conflict with my religious or political views, or my rights as an American citizen; that I will not cheat, wrong, or defraud this Order, or any member thereof, or permit the same to be done if in my power to prevent it; that I will at all times aid and assist a worthy Brother (or Sister) in sickness or distress so far as it lies in my power to do so; that I will not divulge any of the secrets of this Order to any one not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath or obligation, I hereby consent to be expelled from the Order.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**(Note Retirees: Please enclose photocopy of retired ID as proof of eligibility)**

Send Membership Application with a \$ 30.00 Check or Money Order (no cash please) payable to:

"Las Vegas Lodge 1"

Mail to:

Las Vegas FOP Lodge 1

PO Box 620832

Las Vegas, NV 89162-0832

### Lodge 1 Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Check # \_\_\_\_\_ Check amount \$ \_\_\_\_\_

Approved: Date \_\_\_\_\_ Member #: \_\_\_\_\_