FRATERNAL ORDER OF POLICE
BLOSSOMLAND LODGE #100
APPLICATION FOR ASSOCIATE MEMBERSHIP

Please Print Clearly DUES RECEIVED: $_____ DATE APPROVED: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

STREET: _____

CITY: _____ ZIP: _____ DATE OF BIRTH: _____

PHONE: _____ SPOUSES NAME: _____

DR LIC #: _____ EMPLOYER: _____

EMAIL: _____ EMBLEM #: _____

SPONSOR #1: _____ SPONSOR #2: _____

I _____ hereby authorize the release of personal information and records to the Blossomland Fraternal Order of Police Lodge #100 and it's duly authorized agents for the purpose of conducting a background investigation pertaining to my application for membership.

SIGNATURE OF APPLICANT: _____

MEMBERSHIP COMMITTEE RECOMMENDATION:
☐ APPROVE ☐ DENY REASON: _____
MEMBERSHIP COMMITTEE: _____
MEMBERSHIP COMMITTEE: _____