

## Southwestern Hamilton County, Ohio F.O.P. Lodge # 113

I hereby make application to become a member of Southwestern Hamilton County, Ohio F.O.P. Lodge # 113. I affirm that I am a full time Law Enforcement Officer in the State of Ohio. I certify that I am not a member of any Organization competing for membership with the Fraternal Order of Police.

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Number of Children:** \_\_\_\_\_

Children(s) Name(s):

Date of Birth

_____	_____
_____	_____
_____	_____
_____	_____

(If more room is needed, use the back of this form)

I hereby appoint \_\_\_\_\_, address \_\_\_\_\_ as my primary beneficiary whose relationship is \_\_\_\_\_ and will be entitled to my death benefits and F.O.P. insurance.

I hereby appoint \_\_\_\_\_, address \_\_\_\_\_ as my secondary beneficiary whose relationship is \_\_\_\_\_.

Understanding that these benefits will be paid upon legal notification to the Lodge Secretary of my death. **Initial here:** \_\_\_\_\_.

**I hereby swear that the above information is true and accurate to the best of my knowledge and that I am a full time law enforcement officer or I have left law enforcement in good standing. I also authorize the Fraternal Order of Police to contact my employer or prior employer to verify my present or past employment, and to do a criminal history check.**

**Applicant Signature:** \_\_\_\_\_ **Witness:** \_\_\_\_\_

It is the responsibility of each member to keep this form current by reporting changes to the Lodge Secretary in writing.

Remarks/Changes: \_\_\_\_\_.

**Dues: \$50.00 per year. Dues for retired officers are \$30 per year.** Submit payment with your completed application.

Date Application Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_ By: \_\_\_\_\_

Status of Application: Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Other: \_\_\_\_\_.

Date sworn in to Lodge: \_\_\_\_\_.

***This form must accompany your dues.***

**Mail to: FOP Lodge 113  
P.O. Box 3  
Harrison, OH 45030**