



LEBANON LODGE 42, FRATERNAL ORDER OF POLICE AUXILIARY
P O Box 778 Lebanon, PA 17042

APPLICATION FOR AUXILIARY MEMBERSHIP - PLEASE PRINT OR TYPE ALL INFORMATION

FULL NAME: _____ PRIOR FOP AFFIATION: Y___N___

APPLICATION BY TRANSFER - CURRENT STATE & LODGE NUMBER _____

ADDRESS: _____ CITY: _____ . ZIP: _____

HOME PHONE: (_____) - _____ - _____ CELL PHONE (_____) - _____ - _____

WORK NUMBER: (_____) - _____ - _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PLACE OF BIRTH, CITY, COUNTY & STATE: _____

EMPLOYED BY: _____

FOP FAMILY MEMBER: _____ LODGE NUMBER: _____

RELATIONSHIP: _____ EMPLOYING AGENCY: _____

DATE OF APPLICATION: _____ PAYMENT: _____

FIRST YEAR'S DUES MUST ACCOMPANY APPLICATION. CHECK TO FOP LEBANON AUXILIARY LODGE #42.

PRINCIPAL LODGE USE

The FOP member/retiree name above is in good standing with FOP Lodge # _____

The FOP member named above was in good standing with FOP Lodge # _____ at their time of death.

Officer Signature

Title

Date

IF I RESIGN FROM THE AUXILIARY LODGE, I HEREBY CONSENT TO AUTOMATICALLY FORFEIT ANY EMBLEM OR ACTIVE MEMBERSHIP CARD WHICH IS THE PROPERTY OF LODGE #42, AND MUST BE RETURNED IF ACTIVE MEMBERSHIP EXPIRES. THE COST FOR EACH EMBLEM IS NON-REFUNDABLE.

SIGNATURE OF APPLICANT: _____ DATE: _____

RECOMMENDED BY: _____ DATE: _____

AUX. VICE PRESIDENT: _____ DATE: _____ APPROVED _____ REJECTED _____