



SOUTHWESTERN HAMILTON COUNTY, OHIO F.O.P #113

I hereby make application to become a member of the Southwestern Hamilton County, Ohio 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 CODE _____

HOME PHONE _____ CELL PHONE _____ E-MAIL _____

DEPARTMENT NAME _____ WORK PHONE _____

O.P.O.T.A Certification Number _____

I hereby appoint _____ (relationship) _____ as my primary beneficiary

TELEPHONE _____. I understand that any available 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 past employment, and a computer criminal history check done by the investigating committee of the lodge before being accepted.

SIGNATURE OF APPLICANT _____

SIGNATURE OF A MEMBER IN GOOD STANDING _____ PHONE _____

PRINTED NAME OF A MEMBER IN GOOD STANDING _____

As member I will keep my personal information current and report any changes to the secretary of the Lodge.

Dues of \$71 (per year) are to be paid upon acceptance into the Lodge.

Mail Application to: **Fraternal Order of Police Lodge 113 Ohio**
P.O. Box 531337
Cincinnati, OH 45253

DATE RECEIVED _____ DATE REVIEWED _____ BY _____

STATUS OF APPLICATION APPROVED _____ REJECTED _____ OTHER _____

DATE SWORN INTO THE LODGE _____