



FRATERNAL ORDER OF POLICE

LODGE 200

P.O. BOX 562

BURLINGTON, NJ 08016

609-410-9563

www.fop200.org

Associate Member Application

I, the undersigned, do hereby make application for Associate Membership to the Fraternal Order of Police NJ-Lodge #200. Should my membership be revoked or discontinued for any cause, I do hereby agree to return to F.O.P. Lodge # 200 my membership card and any and all other material bearing the F.O.P. logos or insignia, such as a auto emblem (shield), lapel pin, etc. I agree to abide by the by-laws, rules, and regulations, of the, Fraternal Order of Police Lodge 200, the New Jersey State Fraternal Order of Police, & the National Fraternal Order of Police-Grand Lodge.

Print Name: _____ Date of Birth: _____

Address: _____

City/State/Zip Code: _____

Phone (_____) _____ Occupation: _____

Current Employer: _____

Employer Address: _____

Employer Phone Number: _____

Sponsoring Lodge member: _____

E-Mail Address: _____

Have you ever been convicted of a crime? Yes / No

My Signature verifies that all information provided is true and accurate to the best of my knowledge.

Applicants Signature: _____ DATE _____

\$100.00 Membership Fee - Check or Money Order made payable to FOP Lodge #200 (Due when Application is Submitted) Note: Return check fee \$35.00

DO NOT WRITE IN THIS BOX / LODGE SECRETARY USE ONLY

Admin Purposes: Member #: _____ Date Received: _____

Paid by: Cash: _____ M.O. # _____ Check #: _____

Entered in system by: _____ Date: _____