Minnesota Fraternal Order of Police
South Metro Lodge 14
P.O. Box 1251
Lakeville, Minnesota 55044

APPLICATION FOR MEMBERSHIP

To the Officers of the Fraternal Order of Police:

I, the undersigned, a full–time, regularly employed officer, retired law enforcement officer, or reserve officer do hereby make application for active membership in Lodge Number 14, Minnesota Fraternal Order of Police.

Enclosed are the annual dues of cash, check or credit card for $20.00. Please make checks out to "Fraternal Order of Police"

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Title:

_____

Work Phone: (_____) _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

E-Mail Address: _____

** If my membership should be revoked or discontinued for any cause, I do hereby agree to return to the lodge my membership card and any other material bearing the FOP insignia, such as auto emblem, lapel pin, etc.

Signature _____ Date _____

CIRCLE ONE OF THE FOLLOWING:

Cash Check Credit Card

Visa MasterCard Discover

American Express #_____ Exp Date_____

For Office Use Only:

Application received:_____ Payment type:_____ Forward to State Lodge:_____