



## Minnesota Fraternal Order of Police

South Metro Lodge 14  
P.O. Box 1251  
Lakeville, Minnesota 55044

### RENEWAL 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"

### RENEWAL MEMBERSHIP FORMS ARE DUE BY NOVEMBER 1<sup>st</sup>

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

CREDIT CARD # \_\_\_\_\_ Exp Date \_\_\_\_\_

For Office Use Only:

Application received: \_\_\_\_\_ Payment type: \_\_\_\_\_ Forward to State Lodge: