



FRATERNAL ORDER OF POLICE

EWALT JAHNZ PORTER COUNTY LODGE #165

P.O. Box 1623
Valparaiso, IN 46384-1623



APPLICATION FOR ASSOCIATE MEMBERSHIP

Annual dues are \$25, remitted to the Lodge Secretary in January of each year.

Date: _____

(Please Print)

NAME: _____ DOB: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

HOME PHONE: () _____ WORK PHONE: () _____

CELL PHONE: () _____ Email: _____

PLACE OF EMPLOYMENT: _____

OCCUPATION: _____

SPONSORED BY: _____ AGENCY: _____

I HEREBY AGREE TO OBEY ALL THE RULES, REGULATIONS AND BY-LAWS OF THE EWALT JAHNZ FOP LODGE #165. ANY MEMBERSHIP CARDS, ENTRY CARDS OR EMBLEMS ISSUED BY THE LODGE ARE THE PERMANENT PROPERTY OF THE LODGE AND MUST BE SURRENDERED UPON REQUEST. I HEREBY GRANT PERMISSION TO THE MEMBERSHIP COMMITTEE TO CONDUCT A BACKGROUND CHECK WHICH MAY INCLUDE A SEARCH FOR CRIMINAL HISTORY. I ALSO CERTIFY I HAVE NOT BEEN INVOLVED WITH ANY VERBAL OR PHYSICAL CONFRONTATION WITH ANY POLICE OFFICER.

SIGNATURE: _____

Note: The Sponsor will present this completed application to the Membership Committee for review. After review, the Committee will advise the Sponsor to attend the next Lodge meeting to introduce the applicant. The attending members at the Lodge meeting will then vote to accept or reject the application.

(This section to be completed by the Membership Committee and Lodge Secretary)

Committee Review by: _____ Date: _____

Lodge Vote: () Accept () Reject Date: _____

Secretary

Date