

**Fraternal Order of Police
Phoenix Lodge 2
Membership Application**

Name: _____ DOB: _____ DATE: _____

Home Address: _____

Street City State Zip Code
Home Phone: _____ Work #: _____ Cell #: _____

E Mail Address: _____ Badge Number: _____

Employer & Address/Phone #: _____

Retired Sworn FOP member dues monthly will be \$15.00 – New Members - attach a check for \$35.00 this covers \$20.00 administration fee (one time only) and first month FOP Dues.

Fill out and sign if you are applying for FOP membership

I, _____, Retired from the _____, do hereby make application for membership in the Fraternal Order of Police, Phoenix Lodge #2, Inc. If my membership should be revoked or discontinued for any reason, I do hereby agree to return to this Lodge my membership card and any other material reflecting the F.O.P. insignia such as auto emblem, lapel pin, etc.

I, _____, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police, do solemnly and sincerely promise and swear, that I will, to the best of my ability, comply with all of the laws and rules of this Order; that I will recognize the authority of my legally elected officers and obey all orders therefrom not in conflict, with my religious or political views, or my rights as an American citizen; that I will not cheat, wrong, or defraud this Order, or any member thereof, or permit the same to be done if in my power to prevent it; that I will at all times, aid and assist a worthy Brother or Sister in sickness or distress, so far as it lies in my power to do so; that I will not divulge any of the secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath of obligation, I hereby consent to be expelled from the Order.

Phoenix Lodge 2 stands as a Fraternal Lodge and is committed to serve its membership by positively promoting and supporting Brothers and Sisters of the Lodge. Lodge 2 is not a labor lodge and does not exist to bargain for wages, hours or working conditions and does not provide representation for disciplinary matters. Legal services are provided through the Arizona Labor Council for an additional cost.

VOLUNTARY PAC CONTRIBUTION: I understand, and agree, that annually, \$2.00 of my dues will be designated as an Arizona FOP PAC contribution. This does not increase my dues.

Applicant signature
