

Thompson – Hall Lodge No. 5

FRATERNAL ORDER OF POLICE

Post Office Box 241

Charlottesville Virginia 22902



www.charlottesvillefop5.com

974 Michie Tavern Lane

APPLICATION FOR ASSOCIATE MEMBERSHIP

I, the undersigned, do hereby make application for associate membership in Thompson – Hall Lodge #5, Fraternal Order of Police.

If accepted as a member of said Lodge, I do hereby agree to pay all dues and assessments and participate in the activities of the Lodge to the best of my ability.

I also agree that what I see and hear within the confines of said Lodge, shall not be divulged to anyone other than a member of said Lodge.

If my membership should be revoked or discontinued for any cause, I do hereby agree to return to said Lodge my membership card and any other material bearing the F.O.P.A. insignia, such as auto emblem, lapel pin, keys, etc.

Signature of Applicant: _____ Date: _____

Applicant's Full Name (**Printed**): _____

FIRST

MIDDLE

LAST

Date of Birth: ____-____-____

MM

DD

YYYY

Mailing Address: _____

City: _____ State: Virginia Zip Code: _____

Phone Number: Home () _____ Work () _____

E-mail address: _____

Initiation Fee: Currently Waived Dues: \$40.00

(Do Not Write Below Line)

Sponsor's Name: _____

Received By: _____

1st Reading: _____ Vote Taken: _____ () Approved () Rejected