

Application for Active Membership  
Fraternal Order of Police  
Shelby Lodge #84  
*Dues: \$50.00 per year (as of 1-01-2010)*

Name: \_\_\_\_\_ Sex: M F

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Police Agency (current/previous): \_\_\_\_\_

Date(s) Hired: \_\_\_\_\_

Have you ever been arrested for a criminal offense? Y N If yes, please explain:  
\_\_\_\_\_

This is to certify that I have completed the above application and agree to abide by the Rules and Regulations of the Fraternal Order of Police Lodge #84. Should my membership be revoked for any reason, I agree to return to the Lodge Secretary the emblem and card furnished to me by Shelby Lodge #84.

Applicants

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out this application and send to:**

F.O.P Lodge #84

Attn: Secretary

P.O. Box 202

Shelbyville, IN 46176

---OFFICE USE ONLY---

Date Received: \_\_\_\_\_ Date of vote: \_\_\_\_\_ Accepted Rejected

Payment Received: Y N