Application for Associate Membership

Fraternal Order of Police

# Shelby Lodge #84

## *Annual Dues – Individual: $50 or $75 w/Range Pass*

*Family Membership - $150*

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On back of application, briefly explain why you would like to be an associate member of Fraternal Order of Police Shelby Lodge #84.

**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

07/19



**FRATERNAL ORDER OF POLICE**

**SHELBY LODGE** #84

**SINCE 1938**

**RULES AND REGULATIONS FOR ASSOCIATE MEMBERS**

1. **Members are required to have membership card in their possession whenever using any facility at the F.O.P. property.**
2. **Associate members are not allowed to bring any guests onto the property – Including Family Members. Each person must possess their own Individual membership or Family membership.**
3. **Family membership will allow the member, spouse, and children living with the member to be on F.O.P. Shelby Lodge #84 property.**
4. **Members are required to clean up after themselves before leaving the property, including all trash and brass. Do not leave any cardboard or trash on the range.**
5. **Any injuries that occur on the F.O.P. property must be reported to the Executive Staff as soon as possible. If no executive staff is at the property of the time of injury, call the Shelby County Sheriff Department or the Shelbyville Police Department to make the report.**
6. **Vehicles must remain on the paved parking area at all times. Absolutely no driving in the grass for any reason.**
7. **No swimming in the pond at any time.**
8. **Absolutely no high-powered rifles are allowed to be used on pistol (south) range.**
9. **Maximum shooting distance is 50 yards on rifle range (north range) and 25 yards on pistol range (south range).**
10. **All rounds fired must come to rest in the dirt backstop. DO NOT FIRE ANY ROUNDS OUTSIDE OF THE BACKSTOP!**
11. **DO NOT fire any firearm if a person, animal, or object is closer to the target line than your shooting line. Firearms must remain holstered or in a safe position until the firing line is clear.**
12. **Range hours are 8 am until dusk daily, unless otherwise posted.**

**FAILURE TO OBEY THESE RULES WILL RESULT IN THE LOSS OF MEMBERSHIP AND COULD LEAD TO CRIMINAL CHARGES.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby swear that by placing my signature below, I understand all rules listed above and agree to abide by these rules at all times while at the Fraternal Order of Police Shelby Lodge 84 property. I further agree to hold harmless from this day forward the Fraternal Order of Police, Shelby Lodge 84, it’s Executive Staff, it’s members (active and retired), from any injury to me or anyone in my company or damage to any of my personal property that may occur while I am using any of the facilities located at the F.O.P. Shelby Lodge 84 property located at 1237 N. Knightstown Road, Shelbyville, IN 46176.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Associate Member signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

**Additional Family Members**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO PRIMARY MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO PRIMARY MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO PRIMARY MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO PRIMARY MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO PRIMARY MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO PRIMARY MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**