

**FRATERNAL ORDER OF POLICE
BAY STATE LODGE # 30**

Applicant Information Form

Name: _____

Home Address: _____

City: _____ State: _____ Postal: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Date of Birth: _____ SS #: _____

Police Department or Law Enforcement Agency: _____

(Active Members please include photo copy of Dept. ID or proof of full academy)

Yearly Dues: Active (Full-Time Active & Retired Law Enforcement) \$30.00 per. Year

Associate Member \$30.00 per. Year

Honorary Member \$00.00 1Year Term

Member referred by (if any): _____

Please make checks payable to: **"FOP Lodge #30"**

Mailing Address: Bay State FOP Lodge #30
250 East Main Street, Suite 19
Norton, MA 02766

I, _____, certify that I have read, understand and agree to comply with the **Fraternal Order of Police MA Bay State Lodge #30 By-Laws and Constitution**. I fully understand that any violation of the bylaws and constitution could result in my suspension or ejection from the lodge.

Signed Date

Witness Date

Beneficiary of Life Insurance Policy: Name: _____ **Relation:** _____
(For Bay State Lodge information only) **DOES NOT APPLY TO ASSOCIATE OR HONORARY MEMBERS**
Do not write below this line- Office Use Only

Date of Membership: _____ For Year: _____ Fee Paid: _____ Expiration Date: _____

Membership: Approved ___ Denied ___ Membership #: _____ Sec'y Init: _____

