

**POLK COUNTY FRATERNAL ORDER OF POLICE, Inc.
LODGE #46**

**MAIL TO: ATTN: LODGE SECRETARY
P.O. Box 5295
LAKELAND, FLORIDA 33807-5295**

MEMBERSHIP APPLICATION

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip Code _____ Telephone Home () _____

Cell () _____

PERSONAL (not Agency Email) _____

Agency _____ Date of Hire _____ Last 4#s SS# _____

Beneficiary _____ Relationship: _____ (update with Secretary if this changes)

Address _____ Phone: _____

Have you ever been a member of a Fraternal Order of Police Lodge before? Y / N

If YES, - where/Lodge#: _____

By signing below, I, _____, in the presence of the Creator of the Universe and
(Print full name)

the members of the Fraternal Order of Police, do most 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 secrets of the Order to anyone not entitled to receive it. To all of which I most solemnly and sincerely promise and swear. Shall I violate this, my solemn oath or obligation, I hereby consent to be expelled from the Order; to this I swear.

Signature _____ Date _____

Active Membership Dues: \$91.00

If PCSO Member, Payroll Authorization:

**POLK COUNTY SHERIFF'S OFFICE
PAYROLL DEDUCTION AUTHORIZATION**

I authorize the Polk County Sheriff's Office to deduct my F.O.P. dues of \$91.00 from my pay at a rate of \$3.50 per pay period for 26 pay periods. I acknowledge that if I terminate my employment with the Polk County Sheriff's Office, I will be obligated to pay the remaining dues balance to the Polk County Fraternal Order of Police, Inc., Lodge 46, in order to continue my membership.

MEMBER'S SIGNATURE: _____ MEMBER #: _____

I understand that my electronic signature is binding: _____