



APPLICATION FOR ASSOCIATE MEMBERSHIP

KENTON COUNTY FRATERNAL ORDER OF POLICE
Associate Lodge #20

DATE _____
PHONE _____
S.S.N. _____
NAME _____ D.O.B. _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
OCCUPATION _____ EMPLOYER _____
EMPLOYER ADDRESS _____ EMPLOYER PHONE _____
HAVE YOU EVER BEEN ARRESTED? YES _____ NO _____
IF YES, EXPLAIN _____

This is to certify that I have made the above application and agree to abide by the CONSTITUTION and BY-LAWS of the KENTON COUNTY FRATERNAL ORDER OF POLICE ASSOCIATE LODGE #20. Should my membership be revoked, I agree to return to the Secretary the emblem and the card furnished by the Lodge.

I, the undersigned, hereby authorize any LAW ENFORCEMENT AGENCY to release any CRIMINAL or TRAFFIC RECORD that I may have on file to the KENTON COUNTY FRATERNAL ORDER OF POLICE LODGE #20, for the purpose of a background investigation.

APPLICANT'S SIGNATURE _____ DATE _____

INITIATION FEE \$ _____ (Make check payable to Kenton County F.O.P. Associate Lodge #20)

ASSOCIATE SPONSOR _____ PARENT MEMBER _____

ASSOC. READING _____

FOR INVESTIGATIVE COMMITTEE ONLY

____ APPLICANT IS ACCEPTED ____ APPLICANT IS REJECTED

COMMITTEE MEMBER _____

1st READING _____ 2nd READING _____

Rev. 10.29.06