



APPLICATION FOR ASSOCIATE MEMBER

I, _____ am applying for Membership as an Associate Member of the Fraternal Order of Police Lodge 48 in Anderson, Indiana and the following information concerning myself.

Full Name: _____

Age: _____

Birthplace: _____ (city and state)

Date of Birth: _____

Present Street Address: _____

Present City, State, Zip Code: _____

Phone Number: _____ Cell Number: _____

Personal Email: _____

Occupation: _____ Employer Name: _____

Address of Employer: _____

Employer Phone: _____

Have you ever been convicted of a misdemeanor or felony? If the answer is YES, then provide the Charge, Date of Charge, Location and Final Disposition of Charge.

In Indiana, an individual's criminal history is protected by state law. Under Indiana Code 5-2-5-1, an individual has a right not to have his/her criminal history released to unauthorized persons. By signing this form, you are acknowledging that right and allowing the FOP to acquire your criminal history on your behalf. Your intention is to allow the FOP to utilize your criminal history for the purposes of attaining membership in the FOP. Criminal History is checked by mycase.in.gov.

Have you ever been denied membership into the Fraternal Order of Police? (If the answer is 'yes', please attach an explanation to this application.) _____

I swear that the above information is true to the best of my knowledge and that this information will be held in confidence and I understand that if I am accepted into the Fraternal Order of Police, I will support the Lodge and bring credit upon the Membership of the Lodge. I further understand that all emblems and decals furnished me by the Lodge are the property of the Lodge, and if my membership is revoked or I choose to withdraw my membership, I shall return such emblems and decals to the Lodge.

(Signature of Applicant) _____