



MEMBERSHIP APPLICATION FRATERNAL ORDER OF POLICE



Page Valley F.O.P Lodge # 65
P.O. Box 444
Luray, VA 22835
540-292-1894

“To the Officers and Membership of Page Valley Lodge # 65, I, the undersigned, an appointed law enforcement officer (to include regular law enforcement officers of the United States or any political subdivision thereof) whose principal income is derived from my full time law enforcement position and have the power of arrest, and, or am a retired law enforcement officer of same, do hereby make application for an Active Membership in the Page Valley Lodge #65, Fraternal Order of Police.”

SIGNATURE: X _____ DATE: _____

(Your signature certifies that you meet the above requirements.)

Applicants Full Name (Last, First Middle) _____

Home Phone Number _____

SEX: Male / Female (Circle One)

Date of Birth _____

Home Address: Street _____

City _____

State _____

Zip Code _____

E-Mail Address _____

Cellular Phone Number _____

Do you want to receive Text Alerts for meeting reminders? Yes / No

(NOTE: Text Alerts will only be sent out a day in advance of the meeting and 2 hours prior to the meeting.)

Cellular Service Provider _____

Current Employer / Retired From _____

Phone Number _____

Employer's Address: Street _____

City _____

State _____

Zip Code _____

Hire Date: _____

Retire Date: _____

Spouse: _____

Phone Number: _____

Number of Children: _____ Names: _____

Next of Kin: _____ Phone Number: _____

Lodge Transfer Request Only

Previous Lodge (If Applicable): _____ Date Dues Last Paid: _____

Sponsor's Printed Name / Member # _____

Sponsor's Signature _____

"WE ARE OUR BROTHERS KEEPER"

Sponsor's Printed Name & Member # _____

Sponsor's Signature _____

Oath of Obligation

In the presence of the Creator of the Universe, I do most solemnly and sincerely promise and swear that I will, to the best of my ability, comply with all 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 of the secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath of obligation, I hereby consent to be expelled from the Order.

Signature of applicant

Date

***NOTE* PLEASE include \$20.00 Annual Dues with your application: (includes membership dues through Dec. 31st of the year in which the application was approved)**

Please make checks payable to:

**PVL65FOP,
P.O. Box 444,
Luray, VA 23835**

Membership Committee Comments & Recommendations

Membership Committee Comments: _____

1st Member: Approved / Denied

2nd Member: Approved / Denied

3rd Member: Approved / Denied

Applicant Accepted / Rejected

Date: _____ President/Designee Signature: _____