



Fraternal Order of Police Maricopa Lodge Five Associates Membership Application



The undersigned, if qualified, desires to join the F.O.P. Maricopa Lodge #5 Associates Lodge.

Name _____ Phone# _____
 Address _____ E-Mail _____
 Business/Address _____
 City/State & Zip Code _____
 Occupation _____

Emergency Contact Name & # _____

Application Fees are \$30.00 for the first year and \$25.00 each year thereafter.
 Fees Submitted Amount: _____ Check/Cash _____
 Recommended by _____

Oath: I swear allegiance to the Constitution of the United States and will abide by all the local laws and ordinances to the best of my ability. I am applying for membership into the FOPA and understand that membership can be revoked for cause.

Applicant Signature: _____ Witness: _____

Mail with dues payment check to:
 Maricopa Lodge 5
 PO Box 8170
 Glendale, AZ 85312

To be completed by Lodge 5 Associates.

Accepted: _____ Rejected: _____
 Date: _____

Committee Chairman/Member Notes: _____

