



# 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  
 16772 W. Bell Road #110-108  
 Surprise, AZ. 85374

**To be completed by Lodge 5 Associates.**

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_  
 Date: \_\_\_\_\_

Committee Chairman/Member Notes: \_\_\_\_\_  
 \_\_\_\_\_  
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