

BATTLEFIELD LODGE 43 OF FRATERNAL ORDER OF POLICE

P.O. Box 195, Woodbridge, VA 22194-0195 - www.fopbattlefield43.org

Membership Application

Last Name		First Name	MI	Sex (M or F)
Mailing Address		City	State	Zip (5 + 4)
Date of Birth		Drivers License #	Home Phone #	
Law Enforcement Agency	Title/Rank	E-Mail	Work Phone #	
Beneficiary		Relationship	Sponsor's Name	
Beneficiary's Mailing Address		Beneficiary's Home Phone #	Application Date	

I hereby make application for active membership to the Fraternal Order of Police, Battlefield Lodge #43, and swear that I am a **full-time** regularly employed law enforcement officer, or retired, with local, state, military, or federal arrest powers within the Commonwealth of Virginia. I understand that should my membership be revoked, I shall return my membership card, as well as, any material bearing the FOP insignia.

Signature _____ Date _____

Mail completed application with a copy of your credentials / other verifiable official documentation and check for \$120.00 (pro-rated), retired status \$24.00, payable to Battlefield Lodge of FOP, Inc., P.O. Box 195, Woodbridge, VA 22194-0195. Alternately, you may forward this application, via your sponsor, to any Executive Board member. If you have ever been an FOP member, indicate lodge no: _____ state _____ member no. _____ last year _____

If paying for active members dues through payroll deduction (allotment) via the Prince William County Payroll Office, please complete the payroll deduction, as applicable, below the tear line.

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Payroll Deduction Authorization Form for Prince William County ONLY:

I authorize the Prince William County Payroll Department to deduct \$5.00 per pay period for the purpose of membership dues to the Fraternal Order of Police.

Applicant's Name (Please Print)	Employee Number	Work Phone Number
_____	_____	_____