

## Joining:

If you are interested in becoming a member of the F.O.P.A., complete the application and ask a member within your local lodge to serve as your sponsor.



For more information regarding the Fraternal Order of Police Associates, contact:

Fraternal Order of Police  
Battlefield Lodge #43  
P.O. Box 195  
Woodbridge, VA 22194-0195  
(703) 878-FOPS

*Web-site: [fopbattlefield43.org](http://fopbattlefield43.org)*

# FRATERNAL ORDER OF POLICE



## ASSOCIATE BATTLEFIELD LODGE #43

*Membership  
Information*

**PRINT ALL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth (m/d/yr) \_\_\_\_\_ Social Security # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Work Address \_\_\_\_\_ Sponsored By \_\_\_\_\_  
Sponsor's Signature \_\_\_\_\_ E-mail: \_\_\_\_\_  
Applicant's Signature \_\_\_\_\_  
Date \_\_\_\_\_ Check # \_\_\_\_\_ Date Voted In \_\_\_\_\_ Member # \_\_\_\_\_

*Do Not Complete below information. To be completed by Associate Board Member.*

**Membership:**

Fraternal Order of Police Associate (F.O.P.A.) membership is by invitation. Application for membership is subject to investigation by, and approval of the parent F.O.P. and F.O.P.A. lodge membership.

**Lodge Meetings:**

Lodge meeting time and location are announced in the monthly newsletters.

**Dues:**

Submit the application with your check or cash. Dues are \$36.00 for 1<sup>st</sup> member and \$18.00 for each additional household member(s) per calendar year (dues are prorated if joining any time after January). Checks should be made payable to "F.O.P.A. Lodge #43" and mailed to the address on this brochure.

See your sponsor should you have any questions. No application will be accepted until returned with dues and signed (and notarized) background check release. All applications must be voted on by the membership prior to acceptance.

**APPLICATION FOR ASSOCIATE MEMBERSHIP**

*(please read carefully and complete the application on the reverse side of this informational brochure)*

In signing this application, I certify that I am an American Citizen of full age and good moral character. The attached background check authorizes a review of, and full disclosure, of all records pertaining to myself. Information obtained is personal and confidential and will not be shared with outside agencies or institutions. This information is for the sole purpose of determining suitability for membership in the Fraternal Lodge.

I do hereby apply for admission as an Associate Member of Battlefield Lodge #43 of the Fraternal Order of Police. If my membership shall be revoked for any cause, I do hereby agree to return to said Lodge my membership card and all other emblems signifying Associate Membership with the Fraternal Order of Police.