



**TRI-COUNTY LODGE #52**

P. O. Box 14022 ♦ New Bern, North Carolina 28561 ♦ (252) 633-5389

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**ACTIVE MEMBERSHIP APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant's e-mail address (for sole use by FOP): \_\_\_\_\_

Employer\*: \_\_\_\_\_

*\*If retired law enforcement officer, list agency retired from and attach proof of being a retired law enforcement officer.*

Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Home: \_\_\_\_\_ Work: \_\_\_\_\_

I, the undersigned, a full-time, regularly employed Law Enforcement Officer, do hereby make application for membership in the FOP Tri-County Lodge #52. If my membership should be revoked or discontinued for any cause other than retirement while in good standing, I do hereby agree to return to said lodge my membership card and other material bearing the FOP insignia.

I understand my application will have to be approved by the membership of Tri-County Lodge #52, and that \$65.00 membership dues, must be submitted with this application. Dues are payable annually, on or before October 1<sup>st</sup> for the following year.

(Signed) \_\_\_\_\_ Date: \_\_\_\_\_

The Revenue Act of 1987 requires us to remind you that dues are not deductible as charity contributions but may be deductible as a business or miscellaneous expense.

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*(NOT to be filled out by Applicant)*

Date approved: \_\_\_\_\_ Membership # \_\_\_\_\_

Date rejected: \_\_\_\_\_