



# FRATERNAL ORDER OF POLICE®

N. CALIFORNIA PROBATION • LODGE #19

WWW.SACPROBATION.ORG

## INDIVIDUAL FOP MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_

FIRST

MIDDLE

LAST

BIRTHDATE: \_\_\_\_\_ SSN: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

STREET

CITY STATE

ZIPCODE

EMPLOYING AGENCY: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

RANK/TITLE: \_\_\_\_\_

CLASSIFICATION: PEACE OFFICER: YES / NO

WORK ADDRESS: \_\_\_\_\_

STREET

CITY STATE

ZIPCODE

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

I HEREBY APPLY FOR MEMBERSHIP IN N. CALIFORNIA PROBATION LODGE #19 OF THE FRATERNAL ORDER OF POLICE. I PLEDGE TO PAY DUES AS SET FORTH IN THE N. CALIFORNIA PROBATION FOP LODGE #19 CONSTITUTION FOR ITS MEMBERS. DUES ARE PAYABLE YEARLY AND MUST ACCOMPANY THIS APPLICATION. I FURTHER AGREE TO NOTIFY THE N. CALIFORNIA PROBATION FOP LODGE #19, WITHIN TEN (10) DAYS OF ANY CHANGE IN MY STATUS. CURRENTLY N. CALIFORNIA PROBATION FOP LODGE # 19 DUES ARE \$36 PER YEAR, 1ST THREE YEARS DUE IMMEDIATELY UPON ACCEPTANCE OF APPLICATION. MAKE CHECKS PAYABLE TO N. CALIFORNIA PROBATION LODGE #19.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_