

ACTIVE MEMBERSHIP PETITION
FRATERNAL ORDER OF POLICE

TENNESSEE STATE LODGE

Name: _____ S.S.#: _____
Street: _____ Date of Birth: _____
City: _____ Zip: _____ Home Telephone: _____
Employed by: _____ Employed Date: _____ Annual Salary: _____
Department: _____ Rank or Position: _____ Work Telephone: _____
Death Benefit Beneficiary: _____ Spouse: _____

I _____, certify that I am a full time Law Enforcement officer of either Municipal, County, State or Federal Government. I understand that any false information will be grounds for expulsion from the lodge Fraternal Order of Police.

Signature Date

Date Initiated: _____

I _____, Secretary of Lodge # _____ hereby state to the best of my knowledge the above is entitled to be a member of the Fraternal Order of Police as stated on page 3 of the State Lodge Constitution and By-Laws.

Signature Date

I _____, President of Lodge # _____ hereby state to the best of my knowledge the above is entitled to be a member of the Fraternal Order of Police as stated on page 3 of the State Lodge Constitution and By-Laws.

Signature Date

Attention Local Lodge Secretary: Upon acceptance of members into your lodge, you are required to submit this form to the State Lodge along with your Loses and Gains in membership form. Members listed on Loses and Gains forms will not be accepted unless accompanied by this form.

State Lodge Received: _____