GLOUCESTER TOWNSHIP FOP LODGE #206



APPLICATION FOR ASSOCIATE MEMBERSHIP

(YEARLY APPLICATION FEE: \$30.00)

(Please Print)	
Applicant's Name:	Home or Cell Phone Number: ()
Home Address:	
Employer's Name & Address:	
Drivers License Number:	State:
Date of Birth: E-mail Address:	
Please Check One: Married:Single:	Divorced:Widowed:
Spouse's Name:	
Have you ever been denied an Associate Membership in any FOP Lodge? Yes No	
Have you ever pleaded guilty to or been convicted of a crime not including traffic violation? YesNo	
Have you ever had your drivers license suspended, if so for what reason?	
NOYES (explain):	
Are you now, or have you ever been a member directly or indirectly connected or affiliated with any hate groups or organizations advocating or believing in the overthrow of the government of the United States? YESNO	
I agree, if found qualified, to abide by all the laws, rules, and regulations of the Order. I acknowledge that all decals, membership cards, emblems, ect., are the property of the Lodge and may be recalled by this Lodge or any Lodge of this Order for the misuse, or for non-payment of dues. I further agree to return said items within 10 days of an official request. I hereby affirm and certify all the above answers and statements are true and factual to the best of my knowledge and belief. I pledge to abide by all the laws, rules, and regulations of this Order.	
Applicant's Signature:	Date:
Applicant's Sponsor:	Date:
SEND TO: GT FOP, 1400 Chews Landing Rd, Suite 3, Laurel Springs, NJ 08021 or e-mail us at: Lodge206@gloucestertwpfop206.com	
(<u>For Lodge Use Only</u>)	
Approved: Denied: Date: L	odge #206, President's Signature