

Fraternal Order of Police Membership Application

Applicant Information

Name:		
Date of Birth:	SSN:	Phone:
Current Address:		
City:	State:	ZIP:

Employment Information

Current Employer:		
Employer Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP:
Position:		
Are You Full-Time Law Enforcement With Arrest Powers?		
If Known, What Lodge Do You Want to be a Member Of?		
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 any other material bearing the F.O.P. insignia, such as auto emblem, lapel pin, etc.		
Signature of Applicant:		Date:

Return Application To:
Alabama State F.O.P.
1120 John Overton Drive
Montgomery, Alabama 36110
1-800-844-2940
Email: alstfop@aol.com
Web Site: www.alabamastatefop.org