

# 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](mailto:alstfop@aol.com)  
Web Site: [www.alabamastatefop.org](http://www.alabamastatefop.org)**