



F.O.P. Associate Member Application Instructions

Applications for active membership must be submitted with a check for \$35 made out to F.O.P. Lawrence Lodge #2. The initial fee covers the following:

- First month's dues - \$15 (yearly dues are \$200)
- Death benefit - \$10
- Key fob for entry - \$10

Once an application is received it will be tabled for a minimum of 28 days following the next business meeting and then it is voted on by the FOP membership. Once membership is obtained, a payroll deduction for monthly dues may be applied if you are an employee of a qualifying agency. Otherwise, the remaining yearly dues will be billed to the member directly.

You may forward the completed application to any executive board member or you can mail it to the address on the bottom of the form. If you have any questions or would like to attend a meeting prior to submitting an application please feel free to contact me at president@lawrencefop.org.

Max Miller
President
Lawrence F.O.P. Lodge #2

**APPLICATION FOR ASSOCIATE MEMBERSHIP
LAWRENCE LODGE # 2**



DATE OF APPLICATION _____

DATE Tabled _____

APPLICANT'S NAME _____ DOB _____

E-MAIL _____

ADDRESS _____ CITY _____ KS ZIP _____

EMPLOYER _____ OCCUPATION _____

BUSINESS ADDRESS _____

TELEPHONE: CELL _____ HOME _____

SPOUSE'S NAME _____

Have you ever been an F.O.P. member? YES / NO

If yes, what lodge? _____

ACTIVE MEMBER SPONSOR _____

INITIATION FEE \$35.00 COLLECTED _____ DATE VOTED ON _____

ACCEPTED: YES NO / DATE APPLICANT NOTIFIED _____ FOB# ISSUED _____

INSURANCE FORMS COMPLETED _____

REMARKS _____

PRESIDENT _____ SECRETARY _____

I, the undersigned, do hereby make application for ASSOCIATE MEMBERSHIP in the Fraternal Order of Police, Lawrence Lodge #2. If my membership should be revoked or discontinued for any reason, I do hereby agree to return to Lodge #2 my membership card, license plate bracket, key fob(s), lapel pins, and any other materials bearing the Fraternal Order of Police insignia.

Signature of Applicant _____ Date _____

(To be signed and dated at time of application)

Applicant's signature _____ Date _____

(Acknowledging acceptance as an associate member of this Lodge after being voted in)

FRATERNAL ORDER OF POLICE LAWRENCE LODGE NO. 2

P.O. BOX 272, LAWRENCE, KANSAS 66044

**APPLICATION FOR ASSOCIATE MEMBERSHIP
LAWRENCE LODGE # 2**

APPLICANT'S NAME _____

1) Why do you want to join the lodge? _____

2) List three references, not including your Active Member Sponsor:

NAME _____

ADDRESS _____

E-MAIL _____ PHONE _____

RELATIONSHIP _____

NAME _____

ADDRESS _____

E-MAIL _____ PHONE _____

RELATIONSHIP _____

NAME _____

ADDRESS _____

E-MAIL _____ PHONE _____

RELATIONSHIP _____



To whom it may concern,

I, _____, authorize the City of Lawrence to begin payroll deductions in the amount list below, beginning immediately. This payroll deduction will be paid to the Fraternal Order of Police, Lawrence Lodge #2, P.O. Box 272, Lawrence, Kansas 66044.

Please initial the appropriate membership level:

_____ Active Membership, \$395.00 annually
(Approximately \$15.20 per pay period)

_____ Associate Membership, \$200.00 annually
(Approximately \$7.70 per pay period)

_____ Retired Membership, \$240.20 annually
(Approximately \$9.24 per pay period)

signature

date

department

employee ID #



**DOUGLAS COUNTY, KANSAS
FOP PAYROLL DEDUCTION AUTHORIZATION FORM**

I, _____ SOCIAL SECURITY #: _____
hereby authorize Douglas County to immediately begin payroll deductions, in the amount indicated below for membership dues to be paid made to the Fraternal Order of Police, Lawrence Lodge #2, P.O. Box 272, Lawrence, Kansas 66044. Dues are deducted 24 payrolls per year and this authorization shall be in force unless cancelled by me in writing.

_____ \$8.33 per payroll for Associate Member FOP Dues

_____ \$16.46 per payroll for Active Member FOP Dues

_____ \$10.01 per payroll for Retired Member FOP Dues

Signature

Date

Please return signed form to County Clerk's Office, Payroll Division, Douglas County Courthouse.