



Fraternal Order of Police Associates

F.O.P. A. Lodge 17

P. O. Box 50709

Jacksonville Beach, FL 32240

Petition for Membership and Initiation

Applicant should supply all requested information

Application must be accompanied by a check (**payable to FOPA 17**) for \$39.00.

Objects and Purposes

This organization is formed for the purpose of increasing our understanding of the rights, duties and problems of police officers; of fostering public respect for them; of strengthening our comradeship with them; of bettering the conditions under which they serve society; of promoting their interests and welfare in every conceivable way; and of bring ever ready to render such lawful assistance as may be required.

Name: _____
(Last) (First) (Middle)

Have you ever been known by any other Name/Last Name ____ Yes ____ No If Yes, please list all names used in the past, location and circumstances. (i.e., divorce, adoption, legal name change, etc.)

Name Dates (From – To) City/State Circumstances

Residential Address: _____
Number Street

City State Zip How long at this address

Telephone: _____
Residential Cell

Date of Birth: _____ **Place of Birth:** _____

Social Security Number: _____ **Sex:** _____ **Race:** _____

Driver's License # _____ **United States Citizen:** Yes _____ No _____

E-mail Address: _____

Work (circle one): Full Time Part-time Self Employed Retired Student

Employer: _____

Employer Address: _____
Number Street

City State Zip How long with this employer

Have you ever been arrested, incarcerated, indicted, issues a notice to appear, or otherwise charged with a crime? Include juvenile arrests and sealed/expunged arrests. Yes _____ No _____ If yes, provide the following information:

Date Charge Police Agency City/County/Country

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Have you ever been found guilty or plead no contest (nolo contendere) to a crime, including arrestable traffic offenses (i.e., driving under the influence, reckless driving, driving with a suspended license, etc.)? (Include crimes where adjudication was withheld or sentence suspended.)

Yes _____ No _____ If yes, state nature of crime, date and place of conviction, and sentence imposed:

Have you ever had a driver's license, commercial license or certificate, or privilege revoked or suspended by the issuing authority?

Yes _____ No _____ If yes, dates of suspension: _____

Explain in detail: _____

Are you or have you ever been a member directly or indirectly connected or affiliated with an organization or group advocating or believing in the overthrow of the government of the United States by force?

Yes _____ No _____

Are you willing to assume an obligation that
Will not conflict with you duties to yourself, or your family, or your religious and political opinions, and that
Will bind you to uphold the constitution and laws of the United States of America?

Yes _____ No _____

Sponsor: _____ Circle one: FOP Member FOPA Member

Sponsor Signature: _____

I agree to submit to the lodge's selection process and understand that I must successfully complete this process before final consideration for acceptance into the Lodge.

I hereby authorize my employer, educational institution, and any other persons or individuals to furnish any information concerning me, whether or not it is on their records, and I release them and their companies from any liability whatsoever. I certify that all statements given in this application are true and correct. I realize that falsification or misrepresentation on this or any other personal record may result in my not being accepted into the Lodge.

Also, in the event of acceptance and in consideration thereof, the Lodge and any person or entity it may authorize, shall be entitled, without further consent, to use, in any manner required, any picture or photograph of me or a recording of my voice.

I agree, if found qualified, to abide by all laws, rules and regulations, etc. of the Lodge and I acknowledge that the decal(s), membership card, metal emblem(s), etc., are the property of the Lodge and can be recalled by this Lodge or any lodge of this order for misuse, or non-payment of dues, or any other valid reason, and I agree to return said items within ten (10) days of official request. I further understand and agree my failure to comply will subject me to arrest under Florida Statute 817.311.

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 the Order.

Date Signature

Applicant – Do not write below this line

Investigative Committee Report: _____ **Signature** _____

Executive Committee Approval: Approved _____ Disapproved _____ Date _____

FOPA: Approved _____ Disapproved _____ **FOP:** Approved _____ Disapproved _____

Initiated on: _____