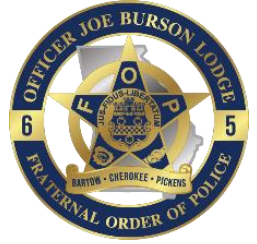


FRATERNAL ORDER OF POLICE OFFICER JOE BURSON LODGE #65

Serving the Communities of Bartow, Cherokee, & Pickens Counties



APPLICATION FOR LEO MEMBERSHIP

Application Type: New Member Member Update ID# _____

Name: _____ DOB: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

PAYMENT INFORMATION

Payment Type: Cash Check: # _____

Member Dues: \$75 .00/year Retired Member Dues: \$40.00/year Officer Injury & Illness Fund: \$200.00/year

CREDENTIALS

Certification Status: Active Retired

- Please submit a copy of your active/retired credentials with your application. -

Agency: _____ Rank: _____

City: _____ State: _____ Zip: _____

ATTESTATION OF APPLICANT

I, _____, do attest that I am consistent with the character and morals required of a member of the Fraternal Order of Police, I have proved to be friend of law enforcement, and I am worthy of fraternalism in Lodge #65 as an Associate Member of the Officer Joe Burson Lodge.

Applicant's Signature: _____ Date: ____/____/____

BENEFICIARY INFORMATION ON BACK SIDE OF APPLICATION

If you are enrolling in the Officer Illness & Injury Fund, please complete this information.

BENEFICIARY INFORMATION

If you are enrolling in the Officer Illness & Injury Fund, please complete the information below.

BENEFICIARY #1:

Name: _____ DOB: ____/____/____

Relationship: _____ PERCENTAGE: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

BENEFICIARY #2:

Name: _____ DOB: ____/____/____

Relationship: _____ PERCENTAGE: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

