



## How to Join

Congratulations for wanting to be a member of the greatest Law Enforcement organization there is! At approximately 300 members strong, Arapahoe FOP Lodge 31 can always use another positive member to help the Lodge progress into the future.

By completing and submitting the attached forms you will have joined not only this local Lodge and the members across the State of Colorado, but the world's largest organization of sworn law enforcement officers, a Brotherhood and Sisterhood of more than 325,000 members in 2,100 lodges Nationwide.

We have two membership levels that require dues. Sworn members are \$40 a month. Civilian members are \$35 a month. Both membership levels include the Legal Defense Fund; see the Legal Defense Fund brochure for further information.

Your form must be returned to Lodge Secretary Ben Sadler. You should include an **attached cash or check** made out to **FOP LODGE #31** for the appropriate amount. Payroll deduction is on a one month delay, so the money will cover the delay, making you an immediate member in good standing. If you do not attach money to cover for the delay, your membership will be processed when the payroll deduction occurs.

Shortly after your application has been processed you will receive your official National FOP membership card, LDF terms and conditions booklet and your password to the "Members Only" section of the website.

Once again, we welcome you aboard and look forward to seeing you at one of our meetings and hearing what YOU would like to be involved in with the FOP.

**EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION FORM**

**EMPLOYEE NAME:** \_\_\_\_\_ **PAYROLL ID #:** \_\_\_\_\_

**DEDUCTION EFFECTIVE DATE:** \_\_\_\_\_

**PAYROLL DEDUCTIONS:**

FRATERNAL ORDER OF POLICE:

\_\_\_ SWORN \$40.00      \$ \_\_\_\_\_ PER/MO

\_\_\_ CIVILIAN \$35.00      \$ \_\_\_\_\_ PER/MO

**CANCEL MY DEDUCTION EFFECTIVE** \_\_\_\_\_

I hereby authorize Arapahoe County to reduce my gross pay by the amount of my deduction as checked and indicated above. In the event of a deduction change during the year, Arapahoe County is authorized to deduct the new amount from my pay.

In the event a new Employee Deduction Authorization Form is not executed on or before the next year-end, this form shall be deemed to continue in force for the next succeeding year.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# Fraternal Order of Police

## Colorado State Lodge

### "Obligation"

I, \_\_\_\_\_, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police here assembled, do most solemnly and sincerely promise and swear, that I will to the best of my ability comply with all the laws and rules of the order; that I will recognize the authority of my legally elected officers and obey all orders therefrom not in conflict with my religious or political views, or my rights as an American citizen; that I will not cheat, wrong, or defraud this order, or any member thereof, or permit the same to be done if in my power to prevent it; that I will at all times aid and assist a worthy Brother/Sister in sickness or distress, so far as it lies in my power to do so; that I will not divulge any of the secrets of this Order to any one not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath or obligation, I hereby consent to be expelled from the Order.

\_\_\_\_\_  
(Signature)

### Fraternal Order of Police

#### Application Form

(print or Type)

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_  
Date of Hire \_\_\_\_\_ Agency \_\_\_\_\_ Title \_\_\_\_\_  
Lodge # \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Legal Defense Fund Agreement

To my knowledge, I am not presently named in any suit, action, or proceeding, nor under investigation for a duty related incident, except for the following: \_\_\_\_\_

I hereby apply for enrollment in the FOP Legal Defense Fund. I agree to abide by all the terms and conditions thereof. I understand that no coverage is in effect until this application is approved and accepted by the Legal Defense Fund Administrator. I agree to be truthful when making a claim and I will agree to release all information required by the LDF Directors.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Original: State Lodge - Yellow Copy: Legal Defense Administrator - Pink Copy: Lodge's Record