



Application for Membership

MEMBER INFORMATION

(Please fill out completely and legibly)

Name [Last, First, Middle Initial]

Street Address

City, State, Zip

Home Phone

Work Phone

Email Address

F. O. P Member Name

Member Agency/Assignment

Type of Membership Applying for: (Please check one)

- New member (\$25.00)
 Annual Renewal (\$25.00) [due by Nov. 1st each year]

Would you be interested in joining a Committee?

- Way and Means (Fundraising) Newsletter
 Membership Monthly Dinner Crew
 Easter Event Other
 Annual Cooking Class

X

Date:

[Signature of Applicant] This form must be signed.

Please make checks payable to **FOPA Lodge #13** and Mail Application to:

FOPA Lodge #13, P. O. Box 547, Marietta, Georgia 30061-0547

Office Use Only

State:	National:	
Paid by: (check/cash)	Amount:	Received by: