



MEMBERSHIP FORM FOR THE FRATERNAL ORDER OF POLICE AUXILIARY

NAME: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP CODE: _____

TELEPHONE NUMBER: _____ EMAIL: _____

BIRTH DATE MONTH / DAY _____

FOP MEMBER'S NAME: _____

FOP MEMBER'S AGENCY: _____

BENEFICIARY FOR LIFE INSURANCE POLICY: _____

WHAT DAY OF THE WEEK, AND TIME WOULD BE BEST FOR YOU TO ATTEND A MONTHLY MEETING?
_____ WE ARE CURRENTLY MEETING THE SAME TIME AS THE FOP MEETING, THE
FIRST WEDNESDAY OF THE MONTH.

WE WILL NEVER LET YOU WALK ALONE.

NO INFORMATION IS SHARED WITH A THRID PARTY