



Wisconsin FRATERNAL ORDER OF POLICE

"Serving All Law Enforcement Officers"

Application for Active Membership

Name: _____ **DOB:** _____

Address: _____ **City:** _____

ST: _____ **Zip:** _____ **Home Phone:** _____

Employed By: _____

Work Phone: _____ **Email:** _____

I certify that I am an American Citizen of full age and a law enforcement officer. I hereby apply for membership as an ACTIVE MEMBER. I promise to abide by the By-laws and to conduct myself at all times in such manner as not to bring reproach upon the Fraternal Order of Police, or its lodge members. I also agree that violation of this pledge shall result in forfeiture of membership and all its privileges. If my membership is revoked or I resign my membership, I agree to return the auto emblems, membership cards, or any items with the FOP logo.

Signature: _____ **Date:** _____

For FOP Use Only

Type membership: _____ Active _____ Transfer _____ Honorary

_____ Approved _____ Disapproved

Signature of Official: _____ Date: _____

This form may be reproduced for membership purposes.