

**Fraternal Order of Police  
Union Lodge 35**

Date

**Associate Membership Application**

First Name  MI  Last Name

Address

City  State  Zip Code

Date of Birth  Home Phone

DL #  DL. State

Email

Employer

Address

City  State  Zip Code

Work Number  Referred by

PLEASE COMPLETE THE FORM, PRINT IT OUT AND SEND IT ALONG WITH A CHECK MADE PAYABLE TO FOP LODGE 35 IN THE AMOUNT OF \$100.00 + \$8.00 FOR SHIPPING FOR A TOTAL OF \$108.00

TO:

FOP LODGE 35  
PO BOX 1193  
UNION, NJ 07083

YOU WILL RECIEVE AN ASSOCIATE MEMBER SHIELD, CURRENT SHIELD STICKER, OVAL WINDOW STICKER, ASSOCIATE MEMBER CARD AND CURRENT YEAR'S COURTESY CARD.

ASSOCIATE MEMBERSHIP RENEWAL FEE IS \$50.00 A YEAR.

( SHIELDS REMAIN THE PROPERTY OF FOP LODGE 35 )

OFFICIAL USE ONLY

Shield #

| Date                 | Payment Type         | Check No.            | Amount               |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Notes \_\_\_\_\_

Approved by \_\_\_\_\_