



FOP LODGE #111

MEMBERSHIP APPLICATION

814 Albert Street, Salisbury, MD 21804

mail@fop111md.org 410-543-1185

Complete this application and email it to mail@fop111md.org with your ACH form.

Your application will be reviewed and voted upon. You will be notified of the results of your application and you will be required to attend a meeting for final enrollment.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Application: _____ Date of Birth: _____

SSN _____ (For Life Insurance enrollment - Up to \$25k line of duty benefit)

Agency: _____ Full Time: ____ Part Time: ____

E-Mail Address: _____

Are you currently a member of another lodge? ____ No ____ Yes

Have you been a member of another lodge? ____ No ____ Yes

If Yes to either above, what Lodge? _____

Official FOP Use Only

Date Voted On: _____ Results of Vote: Accepted / Rejected (circle one)

Enrolled In ACH: No / Yes / N/A - Date Enrolled: _____ ACH ID#: _____ (optional)

Per Capita Check#: _____ Per Capita Checks Mailed Date: _____

Added to Grand Lodge Roster Date: _____ Lodge ID#: _____

Date Added To Life Insurance: _____ Date Added to Lodge Roster: _____

Key FOB # _____

FOP Tags?: ____ Yes ____ No - Number of FOP tagged vehicles: _____

Tag Form ID#'s or FOP License Plate #'s: _____, _____, _____