



# SOUTH BEND FOP LODGE #36

Associate Membership

## Associate Membership Application

**\$20.00 Annual Dues for Membership**

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### PERSONAL INFORMATION: (Please Print)

*This form must be completely filled out and the document signed and dated or the membership will be denied.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### AGREEMENT:

I hereby make application to join the Fraternal Order Of Police, South Bend Lodge #36 Associate Membership Program. I hereby state that I am a citizen of good repute of the United States of America. I further swear or affirm that I have not been convicted of a felony and never have been a member of any subversive or un-American organization. **I AGREE**, if found qualified, to abide by all laws, rules, regulations, of the South Bend F.O.P. Lodge #36 provided they do not conflict with my religion or rights as an American citizen, that the decal and any other property bearing the state or national F.O.P. logo are the property of the Lodge and in receiving or purchasing them I have received a license for my use of logo items as an Associate Member. These items can be recalled by the Lodge, for misuse or nonpayment of dues, or other valid reasons.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### DUES SCHEDULE

I enclosed my check for \$\_\_\_\_\_ to cover the rated dues through December 31<sup>st</sup> of this year.

I understand that the annual dues in full are \$20.00 and are Payable by January 31<sup>st</sup> of each year hereafter.\*

*\*Those that pay after October 1<sup>st</sup> for the application will not need to pay any Additional dues for the immediately following year.*

#### DUES PRORATION

January 1 <sup>st</sup> to March 31 <sup>st</sup>	\$20.00
April 1 <sup>st</sup> to June 30 <sup>th</sup>	\$15.00
July 1 <sup>st</sup> to September 30 <sup>th</sup>	\$10.00
October 1 <sup>st</sup> to December 31 <sup>st</sup>	\$25.00*

*\*(Includes current years prorated plus following years dues)*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Mail Application and Payment to:**

**F.O.P. #36 C/O Associate Membership Committee P.O. Box 299 South Bend, IN 46624-0299**