



SOUTH BEND FOP LODGE #36

Associate Membership

Associate Membership and Range Application

\$150.00 Annual Dues for Membership and Range

PERSONAL INFORMATION: (Please Print)

This form must be filled out completely and the document signed and dated. A photo copy of your handgun(CCW) permit must be provided with application. If you do not have a handgun (CCW) permit, a one-time \$30 background fee must be included with the application. If any of the following are missing, your application will be denied.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-Mail: _____

Occupation: _____ Employer: _____

Social Security Number: _____ Handgun (CCW) License No: _____

Name of Sponsoring Member: _____

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: _____

RANGE WAIVER/DECLARATION

I hereby wish to enter and/or use the F.O.P. #36 shooting range. By signing this insurance declaration, I hereby verify that I received a copy of the rules and regulations of the F.O.P. #36 shooting range. I acknowledge receipt of a key and/or combination to the gate at the entrance of the F.O.P. #36 grounds and understand that it is for my exclusive use and not to be copied, loaned or shared with any other person. This declaration will expire December 31st of the year issued/signed. I hereby hold F.O.P. #36 "harmless" from any and all claims, which may arise, from my use of the shooting range. This agreement is binding upon my heirs, successors and assigns.

Signed: _____ Date: _____

DUES SCHEDULE

I enclosed my check for \$_____ to cover the rated dues through December 31st of this year.

I understand that the annual dues in full are \$150.00 and are Payable by January 31st of each year hereafter.*

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

DUES PRORATION	
January 1 st to March 31 st	\$150.00
April 1 st to June 30 th	\$122.00
July 1 st to September 30 th	\$75.00
October 1 st to December 31 st	\$188.00*
<i>*(Includes current years prorated plus following years dues)</i>	

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**