



Fraternal Order Of Police
ARIZONA FEDERAL
LODGE P.O. Box 69
Marana, AZ 85653
RETIREE APPLICATION



PERSONAL INFORMATION

Today's Date

Name First MI Suffix

Address Phone

City Zip

email, (Personal email only, no Gov please)

AGENCY INFORMATION

Last Duty Location

Address Phone

City Zip

EOD Retirement Date

To the officers of the Fraternal Order of Police, Federal Lodge #2:

I, the undersigned, attest that I am a RETIRED Federal Law Enforcement Officer / Agent, do hereby make application for Active Membership to the Fraternal Order of Police, Arizona Federal Lodge #2.

Should my membership be revoked or discontinued for any reason while in good standing, I do hereby agree to return to the Lodge my membership card and any other material bearing the F.O.P. insignia.

Dues for RETIRED FEDERAL LAW ENFORCEMENT ONLY: \$50.00 per year. Please make check payable to Federal Lodge 2. **Membership is effective the first day of the month, following acceptance (vote) into the lodge. Acceptance (vote) is conducted on the 1st Wednesday of the month . **

I HAVE READ AND AGREE WITH THE TERMS OF THIS AGREEMENT and ACKNOWLEDGE THAT MEMBERSHIP DOES NOT INCLUDE LEGAL COVERAGE.

Signature Date

Administration Use Only

Date Received: ____/____/____ Payment Method: Check: ____ Cash: ____ M.O: ____

Amount: \$____ Effective Date: ____/____/____

Date Entered: ____/____/____ BY: ____ Modified or Added: ____