FRATERNAL ORDER OF POLICE
GERALD R. FORD METRO LODGE NO. 97
1753 Alpine Ave NW, Grand Rapids, MI 49504

APPLICATION FOR ASSOCIATE MEMBERSHIP

FULL NAME: _____ DOB: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE NUMBER: _____

E-MAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

TYPE OF EMPLOYMENT: _____

DRIVER'S LICENSE NUMBER: _____

I,_____, having been elected to become an Associate Member of the Gerald R. Ford Metro Lodge No.97, Fraternal Order of Police, do hereby upon my honor, pledge that I will obey all the laws, rules and regulations of such membership, that I herby expressly state that the automobile emblem is and shall remain the property of Gerald R. Ford Metro Lodge No. 97, Fraternal Order of Police, and that the same shall be returned to said lodge upon demand made of such member for its return by order of the State Lodge. Should I violate any of the regulations of said lodge or the use of said emblem, I shall cease to be an Associate Member and shall forfeit all rights and privileges of such membership.

Signature_____

MEMBERSHIP MUST BE RECOMMENDED BY AN ACTIVE MEMBER

ACTIVE MEMBER'S NAME: _____

Associate Membership dues are **$100.00** per year. Please pay by Square, cash, check, or credit card. **Renewal is required every year before January 1st**. Payment is not required for members that participate in payroll deduction.

Square: https://foplodge97.square.site/

Signature_____ Date: _____

Rev. 12/2023

To be completed by FRATERNAL ORDER OF POLICE GERALD R. FORD METRO LODGE NO. 97:

RESULT OF RECORDS CHECK: _____

RECORDS CHECK MADE BY: _____

RESULTS OF TRAFFIC CHECK: _____

TRAFFIC RECORDS CHECK MADE BY:
_____