**GREATER CUMBERLAND AREA LODGE #59**





**Fraternal Order of Police**

**P.O. Box 987**

**Fayetteville, North Carolina 28302**

**website:** [**www.ncfop59.com**](http://www.ncfop59.com)

**New Membership and Renewal Application Form for Year 2023**

**(Dues are due by October 31st)**

**Personal Information** (Please Print Clearly and Check all Blocks)

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M / F**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_ Last Four (4) SSN: \_\_\_\_\_\_\_\_\_\_ Best Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_**

**E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Email from ncfop59@gmail.com is not SPAM)

**Work Status: Active: \_\_\_\_ Retired: \_\_\_\_ Class A Associate: \_\_\_\_ Class B Association: \_\_\_\_**

**Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Active/Retired Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**I, the undersigned, a full-time, regularly employed, or retired government, federal, state, city, local subdivision, or county law enforcement officer, an active member of Lodge #59. I agree to support the Fraternal Order of Police and abide by the constitution and by-laws of this lodge, the North Carolina Lodge, and the Grand Lodge. I have provided the annual membership dues of $200.00 and $140.00 for retirees.**

**Class A Associate Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**I, the undersigned, a *reserve officer*, *detention officer*, *dispatche*r or *otherwise employed in support of law enforcement*, federal, state, city, local subdivision, or county, Class A Associate Member of Lodge #59. I agree to support the Fraternal Order of Police and abide by the constitution and by-laws of this lodge and the North Carolina State Lodge and the Grand Lodge. I have provided the annual membership dues of $200.00.**

**Class B Associate Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**I, the undersigned, as a non-law enforcement member who is interested in assisting government, federal, state, city, local subdivision, or county, Class B Associate Member Lodge #59. I agree to support the Fraternal Order of Police and abide by the constitution and by-laws of this lodge and the North Carolina Sate Lodge and the Grand Lodge. I have provided the annual membership dues of $100.00.**

**Which Attorney have you requested to be your advocate in the event of a critical Incident?**

(Plan attorney’s will be used in Critical Shooting Incidents).

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who is your Beneficiary for Life Insurance purposes?**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: All information provided is confidential and will not be released outside the FOP without prior written permission.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secretary’s Use Only:**

Amount Paid: $\_\_\_\_\_\_\_ Cash: \_­­\_\_\_ Check#: \_\_\_\_\_\_\_\_ M.O.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Input to Data: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Membership #: \_\_\_\_\_\_\_\_\_\_\_ Date joined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Death Benefit: Yes or No