



Fraternal Order of Police  
 Indianapolis Lodge #86  
 1525 South Shelby Street  
 Indianapolis, IN 46203  
 (317) 637-1195  
 Fax Number (317) 267-0114



**APPLICATION FOR ACTIVE MEMBERSHIP**

TO: The Officers of the Fraternal Order of Police:

I, the undersigned, a full-time, regularly employed law enforcement officer, do hereby make application for Active Membership in: **Indianapolis F.O.P. Lodge #86**

If my membership should be revoked or discontinued for any cause other than retirement while in good standing, I do hereby agree to return to said Lodge my membership card and any other material bearing the F.O.P. insignia, such as auto emblem, lapel pin, etc.

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

**(TYPE OR PRINT)**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Pager \_\_\_\_\_

Membership Dues: \$ \_\_\_\_\_ Birth Date \_\_\_\_\_

Department: \_\_\_\_\_

Department Contact Number: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

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**(FOR OFFICE USE ONLY)**

Date Received \_\_\_\_\_ Payroll Deduction \_\_\_\_\_ Dues Other \_\_\_\_\_

Voted / Approved \_\_\_\_\_ Entered Computer \_\_\_\_\_

Entered Ntl \_\_\_\_\_ Issued Credentials \_\_\_\_\_