



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



APPLICATION FOR RETIRED STATUS MEMBERSHIP

TO: The Officers of the Fraternal Order of Police:

I, the undersigned, a retired police officer, do hereby make application for Retired Status Membership in: **Indianapolis F.O.P. Lodge #86**

If my membership should be revoked or discontinued for any cause, 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 (if applicable) _____
 Mobile _____ Other _____

Membership Dues: \$ _____ Birth Date _____

Department You Retired From: _____

Department Contact Number: _____

Appointment Date: _____ Retirement Date: _____

(FOR OFFICE USE ONLY)

Date Received _____ Payroll Deduction _____ Dues Other _____

Voted / Approved _____ Entered Computer _____

Entered Ntl (if applicable) _____ Issued Credentials _____