Renewal check here ☐   *Fraternal Order of Police*

Lodge 176 of Central Florida
PO Box 135156
Clermont, FL 34713-5156

e-mail: applications@foplodge176.org

MEMBERSHIP APPLICATION *2024*
Please print clearly

APPLICANT'S NAME _____

SELECT MEMBERSHIP TYPE:
ACTIVE _____ WITH LEGAL DEFENSE_____ WITH LEGAL DEFENSE & LABOR_____ RETIRED_____ ASSOCIATE_____
Note: Applicants for Active Membership AND Legal defense or Legal Defense & Labor **MUST** submit a LEGAL DEFENSE APPLICATION.

Are you currently a member of any other FOP Lodge? No____ Yes_____ Lodge# _____ State_____
Note: The FOP does not allow membership in more than one Lodge at the same time. We will assist you in transferring your current membership to our Lodge.

New or Returning members of Lodge 176 of Central Florida , please complete this form. The annual dues for retired Law Enforcement personnel is $58.00. New members will pay $67.00 for the first year. Associate members pay $48.00. Please pay via PayPal at www.FOPLodge176.org If bringing your check to the meeting, make your check payable to FOP Lodge 176 of Central FL. Membership is open to Retired and active law enforcement personnel who reside anywhere in Central Florida.

Street Address: _____ Apt# _____
City:_____ State: _____ Zip: _____
MAILING ADDRESS (If different) _____
City:_____ State: _____ Zip: _____

E-mail Address (required) : _____

Last 4 digits of SSN _____   Military Veteran No____ Yes___

LAW ENFORCEMENT AGENCY _____POSITION_____
Division/Command: _____ # years of service _____
Rank/Level _____ Badge # _____ Date Retired: ___/___/___
Work Phone#(_____)_____ Home Phone# (_____)_____
Cell Phone# (_____)_____

To the Officers of the Fraternal Order of Police: I, the undersigned, an Active/Retired law enforcement officer, or Associate member, do hereby renew or make application for Membership in FOP Lodge 176 of Central FL. If my membership should be revoked or discontinued for any cause 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.

APPLICANT SIGNATURE: _____Date:___/___/___

Voted: _____ Sworn: _____ Payment $: _____

**Once the form is completed , attach and send via e-mail to applications@foplodge176.org and pay via PayPal or bring your application and payment to the next FOP 176 meeting. Bring the signed original with your payment & photocopy of your law enforcement I.D.