



SC FRATERNAL ORDER OF POLICE TRI-COUNTY LODGE # 3



Applicant Information Form

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____ SS #: _____

Employed by or Retired From (Department Name): _____

Current Assignment: _____ Years in Law Enforcement: _____

- Member Type:** _____ **Active** (Full-Time or Retired Law Enforcement) \$35.00 Per Year
 (Choose One)
- _____ **Associate (LE)** (Reserve Officer, Constable) \$35.00 Per Year
- _____ **Associate** (Non-Law Enforcement Civilian) \$35.00 Per Year

Dues include a \$1.00 voluntary contribution to our State PAC. For inquires, or to cancel this important contribution call 1-866-347-2367.

Member referred by (if any): _____

Please make checks payable to: "**FOP Lodge #3**"

Mailing Address: Tri-County Fraternal Order of Police
Attention: Lodge Secretary
Post Office Box 62469
North Charleston, SC 29419-2469

I certify that the information I have provided hereon is true and correct to the best of my knowledge. I fully understand that misleading information or any violation of the bylaws and constitution of SCFOP Lodge # 3 could result in my suspension or ejection from the lodge.

Applicant Signature Date

Beneficiary Information: Name: _____ Relationship: _____

Beneficiary Address: _____ Phone #: _____

If no beneficiary is on file, benefits will not be paid.

Do not write below this line- Office Use Only

Membership: Approved ___ Denied ___ Membership #: _____ President Signature: _____

Initial Dues Paid: No ___ Yes ___ Amount: \$ _____ Method: Cash ___ Check # _____ Payroll _____