Steve Young Memorial Lodge #24

Fraternal Order of Police

Marion County, Ohio

APPLICATION FOR MEMBERSHIP

NAME: _____ DOB: _____
LAST *FIRST* *MI*

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL: _____ HOME PHONE: _____

EMPLOYMENT

AGENCY: ☐ MARION PD ☐ MARION COUNTY SO ☐ OTHER _____

POSITION: _____ WORK PHONE: _____

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 the **Steve Young Memorial Lodge #24**. 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 the **Steve Young Memorial Lodge #24** any and all membership cards and any other material bearing the FOP insignia, such as an auto emblem, lapel pin, etc.

SIGNED: _____ DATE: _____

WITNESS: _____ DATE: _____