Don Owens Memorial Lodge #88, Fraternal Order of Police, Inc.
2014 Associate Membership Application

Type of Membership ☐ New ☐ Renewal	Associate ($25.00)

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (Zip)

Date of Birth _____ / _____ / _____

Home Phone (____)_____ Cell Phone (____)_____

E-mail _____

Occupation or Company Name _____

Recommended by _____

I hereby agree to abide by the Constitution and By-Laws of the Don Owens Memorial Lodge #88, Fraternal Order of Police, Inc.

Signature _____ Date _____

PLEASE INCLUDE PAYMENT WITH APPLICATION. ☐ Check ☐ Cash

Status: Approved Denied Date _____

Remit to:
Don Owens FOP #88
PO Box 1561
Bloomington, IN 47402

www.fop88.org