



Don Owens Memorial Lodge #88
Fraternal Order of Police, Inc.
2018 Membership Application

Type of Membership		Active	Associate Professional	Associate	Retired LE
New	Renewal	\$100.00	\$30.00	\$25.00	\$50.00

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

Address _____
(Street) (City) (Zip Code)

Date of Birth ____ / ____ / ____

Agency _____ (If Applicable) Years in Law Enforcement _____ (If Applicable)

Home Phone () _____ Mobile Phone () _____

E-mail _____

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.

1st Reading Date _____ 2nd Reading Date _____

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

www.fop88.org