Jim Livingstone President

Don Lambert Vice President

Mark Domnick 2<sup>nd</sup> Vice President

Ray Clemons Secretary

SUNG JUNG Treasurer

Shawn Maxwell Immediate Past President



## Andrew Fehrle Chaplain

Ray Guerin Guard/Sergeant-At-Arms

> Tripp Hueston Trustee

Larry Belviso Trustee

Frank Hudak Trustee

Reese Haller Director

## **Application For Membership**

Full Name:		
Address:		
City/County:	Zip Code:	
Telephone: (Work)	_ (Home)	_(Pager)
Employer:	Title:	
SSN: D.O.B.:/_	_/ Home E-Mail:	
If Married, Spouse's Name:		
Is spouse interested in being c	ontacted by the Auxilia	ary Lodge: Y/N
Number he/she can be reached	l:	
Members in good standing are this Lodge. Please provide a Be Name:	eneficiary:	-
Address:		
Have you ever applied or been No If yes, give the name of the loc membership status:	a member of another	FOP organization? Yes /

## I hereby tender my application for membership into the Henrico Lodge # 4, Fraternal Order of Police. If accepted into the membership, I pledge myself to work for the advancement of the order, and its members everywhere. Signature: Date: / / Two (2) members in good standing must endorse applications: Recommended by 1) 2) Please attach an initiation fee of \$20.00 plus the remaining dues for the current year of membership (\$9.00/month). Checks must be made payable to: Henrico FOP Lodge #4. If you are a member of the Henrico Credit Union, you may schedule automatic dues payments (\$4.50 per pay check will be automatically deducted from your account). Credit Union: If you are a member of the Henrico Credit Union, your dues can be automatically withdrawn each pay period. (Currently \$4.50 per pay period) To take advantage of this feature, please contact the Lodge Treasurer. Initiation Fee Attached: \$\_\_\_\_\_ Plus any Dues \$\_\_\_\_\_ Total \$\_\_\_\_ Application Voted on by membership: \_\_\_/\_\_\_/ ( ) Accepted ( ) Rejected Reason: Acceptance and installation letter sent: / / Initiation Date: \_\_\_/\_\_\_/\_\_\_ Entered into Lodge records: \_\_\_/\_\_\_/

Submitted to State and National Lodge: / /

Family members' information forwarded to Auxiliary: / /

Name of Auxiliary Member notified:

**Declaration:**