



## Show Me Lodge #100 - Membership Application/Renewal

|   |   |  |                       |
|---|---|--|-----------------------|
| MEMBER TYPE: (Check Only One)   |   |  |                       |
| <input type="checkbox"/> <b>FULL TIME LAW ENFORCEMENT OFFICER</b><br>(Dues \$350.00 per year) | <input type="checkbox"/> <b>RETIRED MEMBER</b><br>(Dues \$50.00 per year) |  |                       |
| AGENCY NAME:  | RANK:   | DATE OF HIRE:  |                       |
| LAST NAME:  | FIRST NAME:   | MI:  | SUFFIX (Jr. Sr. III): |
| PERSONAL MAILING ADDRESS:   | CITY:   | STATE:   | ZIP:                  |
| HOME TELEPHONE:   | WORK TELEPHONE:   | CELL NUMBER:   |                       |
| SOCIAL SECURITY NUMBER:   | E-MAIL ADDRESS:   |  |                       |
| DATE OF BIRTH:  | BENEFICIARY:  | BENEFICIARY RELATIONSHIP TO MEMBER:                      |                       |
| NUMBER OF DEPENDANT CHILDREN UNDER 19:  |   | NUMBER OF DEPENDANT CHILDREN AGES 19-21 STILL IN SCHOOL: |                       |

I HAVE COMPLETED THE AUTOMATIC WITHOLDING FORM AND AGREE TO HAVE THE MISSOURI FRATERNAL ORDER OF POLICE AUTOMATICALLY DEDUCT THE MONTHLY DUES OF \$29.17 FROM MY ACCOUNT ON THE 1<sup>ST</sup> OF EACH MONTH.

Retired members should still write one check for the yearly dues amount of \$50.00, payable to the Missouri FOP.

**ACH WITHOLDING FORM IS ATTACHED.**

Member Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature constitutes acceptance of the Membership Oath of Obligation (as attached)

Submit application and paperwork by any of the following:

- Mail: **Missouri State Fraternal Order of Police**  
**715 Jefferson Street - Jefferson City MO 65101**
- Email: [FOPClark@gmail.com](mailto:FOPClark@gmail.com), [slcopper@aol.com](mailto:slcopper@aol.com), or [rkohnen@fop.net](mailto:rkohnen@fop.net)
- Fax: (573) 632-4211

For more information call 800-752-5707, e-mail to [info@mofop.org](mailto:info@mofop.org) or visit us at [www.mofop.org](http://www.mofop.org)



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# RITUALS

## OF THE

# Fraternal Order of Police

Organized: March 14, 1915

Rituals Revised: 47<sup>th</sup> National Conference  
Baltimore, Maryland  
August 5-10, 1985

### New Member Obligation

In the presence of the Creator of the Universe and the members of the Fraternal Order of Police here assembled, I do most solemnly and sincerely promise and swear, that I will to the best of my ability comply with all the laws and rules of this Order; that I will recognize the authority of my legally elected officers and obey all orders therefrom not in conflict with my religious or political views, or my right as an American citizen; that I will not cheat, wrong, or defraud this Order, or any member thereof, or permit the same to be done if in my power to prevent it; that I will at all times aid and assist a worthy Brother (or Sister) in sickness or distress, so far as it lies in my power to do so; that I will not divulge any of the secrets of this Order to any one not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath or obligation, I hereby consent to be expelled from the Order.

*My signature on my application for membership constitutes my acceptance of the above oath.*

**DIRECT PAYMENT AUTHORIZATION**



***Missouri Fraternal Order of Police***

I hereby authorize ***the Missouri Fraternal Order of Police*** (through Central Bank in Jefferson City) to electronically debit my account (ACH) on the **1<sup>st</sup> of Every Month in the amount of \$29.17.**

Written notice to ***Missouri Fraternal Order of Police*** must be submitted no later than **7 days prior to the 1<sup>st</sup> of the month** to rescind authorization. Please direct all questions to: **(573) 632-5707.**

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Individual Account Holder's Name (Please Print): \_\_\_\_\_

Authorized Representative (Please Print): \_\_\_\_\_

\_\_\_\_\_

(Your Financial Institution Name)

\_\_\_\_\_

(Bank Address)

(City/State)

(Zip)

\_\_\_\_\_

(Routing/Transit Number)

(Account Number)

Account Type:  Checking or  Savings

Total Amount Per Month: **\$29.17**

**PLEASE ATTACH A BLANK VOIDED CHECK**

|  |  |
|--|--|
|  |  |
|--|--|

Authorized Representative Signature

Date