



Show Me Lodge #100 - Membership Application/Renewal

MEMBER TYPE: (Check Only One)			
<input type="checkbox"/> FULL TIME LAW ENFORCEMENT OFFICER (Dues \$350.00 per year)			<input type="checkbox"/> RETIRED MEMBER (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 1ST 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, slcopper@aol.com, or rkohnen@fop.net

For more information call (573) 632-4209, e-mail to info@mofop.org or visit us at www.mofop.org



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RITUALS

OF THE

Fraternal Order of Police

Organized: March 14, 1915

Rituals Revised: 47th 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 **1st 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 1st of the month** to rescind authorization. Please direct all questions to: **(573) 632-5707.**

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

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Authorized Representative Signature

Date