

HAROLD C. ENLOE NC FOP LODGE #1

P. O. BOX 271

ASHEVILLE, NC 28802

828-258-9444 [www.ncfop1.com](http://www.ncfop1.com) ncfop1@gmail.com

 **MEMBERSHIP APPLICATION AND INFORMATION**

**Current Dues: $190 year w/Legal Defense $80 year- without Legal -** Retiree/Honorary

**ACTIVE –** Fulltime &/or retired BLET Sworn - LEO &/or sworn Detention, PP, DOC guard.

**AFFILIATE –** Fulltime non-sworn LE employee, working Reserve Officer, or non-BLET Detention

**NAME**: .

 First Middle Last

**ADDRESS**: .

 Street or PO Box City State Zip

**TELEPONE** **DATE OF BIRTH**: **SOCIAL SECURITY# LAST 4** .

**E-MAIL ADDRESS**: (NO work/business emails, they are public record) *CIRCLE ONE*

**EMPLOYER** or Retired from: ADDRESS / FULLTIME

POSITION: **BLET CERTIFIED** Y N RESERVE or RETIRED LEO

BENEFICIARY(S) NAME: RELATIONSHIP .

BENEFICIARY ADDRESS: .

BENEFICIARY SSN BENEFICIARY D.O.B. TELEPHONE .

RECOMMENDED BY ACTIVE FOP MEMBER- .

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. **(*INITIAL*) *I am a NEW MEMBER-*** Dues for the ***Current Calendar Year*** will be at no cost to the named applicant once their application has been accepted for membership at a regular scheduled meeting. ***This is not available to reinstating members****.* If for any reason the named applicant/member has a lapse in membership, no matter the time span, reinstatement will be at full cost at that time. \**Above online charges will be applied to next years billing.*

**. *(INITIAL)*** **I am a *PAST MEMBER*** –***Reinstating fees - To be included with application*** *for the Current Calendar Year*. With Legal Defense [Jan-June $190] or [July-Dec $95] \*\* No Legal Defense: [$80 Jan-June] [$40 July-Dec] \**Any paid amount in excess will be applied to next year’s billing.*

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 **PAYMENT METHODS for yearly dues**

\*\* I Agree to pay my yearly dues in full each September 1st for the following year.

 **OR**

\*\* I Agree to pay my dues by monthly bank drafts at current rate for my membership type. Application must include a completed Direct Payment Authorization form. **!!** Reinstating applicants must pay above fees before approval.

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*I the undersigned 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 there from, not in conflict with my religious or political views, or my rights 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 as it lies in my power to do so. That I will not divulge any of the secrets of this order to anyone 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.*\*NON-PAYMENT is grounds for Suspension of Membership and Benefits.

**\* APPLICANT SIGNATURE**: **DATE** .

 \* Are you an FOP member in another state? Y N

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 *DATE APPROVED OR DENIED: BY On Line App 08/15/2020 LSW*