****

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

**NEW MEMBERSHIP APPLICATION AND INFORMATION** also available online

**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

FULL ADDRESS: .

 City State Zip

TELEPONE DATE OF BIRTH: SOCIAL SECURITY# LAST4 .

E-MAIL ADDRESS: (*NO work /business emails*) .

 CIRCLE ONE

EMPLOYER or Retired from: ADDRESS / FULLTIME

POSITION: BLET CERTIFIED Y N / RESERVE

BENEFICIARY(S) NAME: RELATIONSHIP .

BENEFICIARY ADDRESS: .

BENEFICIARY SSN BENEFICIARY D.O.B. TELEPHONE .

RECOMMENDED BY ACTIVE FOP MEMBER- **WITH Legal Defense $190 year**

 **Retiree WithOUT Legal Defense $80.0**0

---------------------------------------------------------------------------------------------------------------------------------------

**. . *INITIAL IF you are a NEW MEMBER* -** The dues for the ***Current Calendar Year*** will be at no cost to the above named applicant once their application has been accepted for membership at a regular scheduled meeting. ***This is a onetime offer***. If for any reason a member has/had a lapse in their membership, no matter how long the time span, reinstatement will be at the full cost of fees at that time of year.

. **. *INITIAL IF you are a PAST MEMBER* -** *To be included with application* are your dues for the *Current Calendar Year* WITH Legal = Jan-June $190, July-Dec. $95. Retiree WithOUT Legal Jan-Jun $80, July-Dec $40.

---------------------------------------------------------------------------------------------------------------------------------------------------

 **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 the current rate for my membership type. Include with your application a completely filled in Direct Payment Authorization Form

---------------------------------------------------------------------------------------------------------------------------------------------------

*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 OF MY DUES, ARE GROUNDS FOR SUSPENSION OF MY MEMBERSHIP.***

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

\* Are you an FOP member in another state? Yes No

------(FOR OFFICE USE ONLY)----------------------------------------------------------------------------------------------------------------------

DATE APPROVED OR DENIED: BY 01/1/2021 LSW