



HAROLD C. ENLOE NC FOP LODGE #1
P. O. BOX 271
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828-258-9444 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.

A-Associate – Fulltime non-sworn LE agency employee, working Parttime/Reserve Officer, or Detention

NAME: _____
First * Middle Last

ADDRESS: _____
Street or PO Box City State Zip

TELEPHONE _____ **DATE OF BIRTH:** _____ * **LAST 4 SOCIAL SECURITY** _____

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- _____

With Legal Defense : Joining [Jan-June \$190] or [July-Dec \$95]

WithOUT Legal Defense : Joining [Jan-June \$80] or [July - Dec \$40]

Both category payments are for the current calendar year only. Extra fee for digital payment.

Also accept Cash, Check, MO. Payment must be made before membership/benefits begin.

*** Yearly dues are to be paid in full each September 1st for the following year.**

**** Non-payment will cause a suspension of membership and benefits as of 1/1/--**

I, (your name) _____, in the presence of the Creator of the universe and the members of the Fraternal Order of Police here assembled, do most solemnly and sincerely promise and swear that I will, to the best of my ability, comply with all 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 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 far as it lies in my power to do so; and that I will not divulge any 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.

*** APPLICANT SIGNATURE:** _____ **DATE** _____

----- (FOR OFFICE USE ONLY) -----
DATE APPROVED OR DENIED: _____ **BY** _____ **On Line App 12/28/2023 LSW**