

**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: $260 year w/Legal Defense $80 year- without Legal -** Retiree/Honorary

Joining July 1 or after = $130 WithLegal : $40 Retiree - covers current calendar year.

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

**A-Associate –** Fulltime non-sworn LE employee, working Parttime/Reserve Officer, or 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 D.O.B. TELEPHONE .

RECOMMENDED BY ACTIVE FOP MEMBER- .

*------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------*

**PAYMENT METHODS for yearly dues**, Check, Cash, Money Order, ACH, Zelle, credit card/Square/Paypal

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

Payment by Zelle use Tag - FOPLodge1

**OR**

\*\* I Agree to pay my dues by monthly bank ACH draft at current rate for my membership type AFTER My initial years payment is made.

**---------------------------------------------------------------------------------------------------------------------------------------------------**

*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

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

*DATE APPROVED OR DENIED: BY On Line App 07/24/2025 LSW*