

## FRATERNAL ORDER OF POLICE®

New Jersey Lodge No. 46, Inc.

Post Office Box 346 ★ Rochelle Park, NJ ★ 07662-0346

## ONLINE ASSOCIATE MEMBER APPLICATION

THIS IS A <u>TWO-PAGE</u> APPLICATION, <u>BOTH SIDES MUST BE COMPLETED & PRINTED TO BE SUBMITTED TO THE LODGE</u>. THE APPLICATION MUST BE <u>SIGNED BY THE APPLICANT</u>. PLEASE <u>TYPE</u> OR <u>HAND PRINT</u> ALL INFORMATION. <u>ILLEGIBLE</u> OR <u>INCOMPLETE</u> APPLICATIONS WILL BE RETURNED <u>UNPROCESSED</u>. ALL APPLICATIONS ARE <u>SUBJECT TO APPROVAL</u> BY THE LODGE MEMBERSHIP

| SECTION 1. PERSONAL INFORMATION:          | Please enter y   | our pe   | ersonal information b                | elow:                                    |        |  |   |                             |                           |  |
|---|------------------|----------|--------------------------------------|--|--------|--|---|-----------------------------|---------------------------|--|
| Full Last Name:                           |                  |          |                                      |  |        | Suffix: (Jr., Sr., etc.)   |   |                             |                           |  |
| First Name:                               |                  |          |                                      |  |        | Middle Initial:  |   |                             |                           |  |
| Full Street Address: (Including Apt. #)   |                  |          |                                      |  |        |  |   |                             |                           |  |
| City:                                     |                  |          |                                      |  | State: |  |   | Zip Code:                   |                           |  |
| How Long Have You Lived at this Address?: | Years:           |          | Months:                              |  |        | LIVED AT THE ABOVE ADDRESS FOR LESS THAN THREE (3) YEARS, PLEASE LISSES THAT YOU HAVE LIVED AT FOR THE LAST THREE(3) YEARS PRIOR TO THE THIS APPLICATION (Use Additional Sheet if Necessary) |   |                             |                           |  |
| Address:                                  |                  |          |                                      |  |        |  |   | From:                       | То:                       |  |
| Address:                                  |                  |          |                                      |  | From:  | То:  |   |                             |                           |  |
| Date of Birth: (mm /dd / yyyy): Prima     |                  |          | ary Contact Number #1: Secondary Con |  |        |  | atact Number #2:                        |                             |                           |  |
| Primary E-Mail Address:                   |                  |          |                                      |  |        |  |   |                             |                           |  |
| SECTION 2. EMPLOYMENT: Please ente        | r the informatio | n relat  | ting to your current                 | employment                               |        | □ Cl   | neck here if ye                         | ou are <b>Self Employed</b> | or a <b>Business Owne</b> |  |
| Your Full Time Occupation or Job Title:   |                  |          | Name of Business or Company:         |  |        |  | Is Employment Related to Public Safety? |                             |                           |  |
| Company Address:                          |                  | <u> </u> |                                      |  |        |  |   |                             |                           |  |
| City:                                     |                  |          | State: Zip Code:                     |  |        |  | Company Telephone Number:               |                             |                           |  |
| Type of Business:                         |                  |          |                                      | Years Employed: Name of Supervisor or Ma |        | inager:  |   |                             |                           |  |
| ·   |                  |          |                                      | `  |        |  |   |                             |                           |  |

SECTION 3. SPONSOR ENDORSEMENT: All Applicants must be sponsored by an Active Member of this Lodge in Good Standing

As the ACTIVE Member in Good Standing named above, I hereby propose the person named herein to become an Associate of Fraternal Order of Police®, New Jersey Lodge 46, Inc. I hereby attest that the Applicant is known to me personally, that the Applicant is of good moral character, that the applicant's acceptance into membership will benefit this Order, and that the Applicant will actively support and participate in the goals and functions of this Lodge. I fully understand that by proposing and sponsoring this Applicant, I accept full responsibility for the Applicant's conduct and actions his/her Probationary period as a member of this Lodge, should they be accepted as an Associate of the Lodge.

| RINTED NAME of Sponsor: F.O.P Member |  | SIGNATURE of Sponsor: | Date Sponsored: |  |
|--------------------------------------|--|-----------------------|-----------------|--|
|                                      |  | (X)                   |                 |  |

| SECTIO   | ON 4. MEMBERSHIP QUALIFICATION QUESTIO   | NNAIRE: All new  | applicants for Associate membership MUST   | ANSWER & INITI  | AL after each qu   | uestion:  |  |   |  |
|--|--|--|--|---|--|---|--|---|--|
| 1.   | Have you attained the age to be legally considered an  |  |  | <b>S</b> YES  | □ <b>NO</b>  | INITIAL:  |  |   |  |
| 2.   | Have you ever been convicted of a crime which has r  | or erased?   |  |   | 🗆 YES  | □ <b>NO</b>   | INITIAL:   |   |  |
| 3.   | Do you possess a Criminal Record that has not been   | ed?  |  |   |  | □ <b>NO</b>   | INITIAL:   |   |  |
| 4.   | Is Your Driver's License currently under Suspension  | or Revocation or is  | s such an action proposed against you  | r license?  |  | <b>S</b> YES  | □ <b>NO</b>  | INITIAL:  |  |
| 5.   | Do You Support the Goals and Objectives of Law Enf   | orcement?  |  |   |  | 🗆 YES   | □ <b>NO</b>  | INITIAL:  |  |
| 6.   | Are you an Individual of High Moral character and So   | und Reputation?  |  |   |  | <b>U YES</b>  | □ <b>NO</b>  | INITIAL:  |  |
| 7.   | Are you being recommended for Membership as an A   | Associate by an AC   | TIVE (Law Enforcement) member of t   | his Lodge in Go   | od Standing?   | 🗆 YES   | □ <b>NO</b>  | INITIAL:  |  |
| SECTIO   | ON 5. CERTIFICATION OF APPLICANT:  |  |  |   |  |   |  |   |  |
| Americadvocadhe god 446.  also contered ASSOC directive Drder virtue printered that the printered printered the printered prin | time of this application; 4) that I am of sound it at the government of the State of New Jersey of ites these positions; 5) that my Driver's License als and principles of Law Enforcement and Law tertify that all information entered onto this applied onto this application that is missing, false, incompleted in the substitution of the substitutio | r any of its politic is not currently S Enforcement Of cation is truthful orrect or misleady and follow the fully installed of ct myself in a material such items as authate of the Lodyself, my heirs, id/or insignias of | al subdivisions by any means who suspended or Revoked, nor is suctificers, as well as the goals and of a succurate and complete to the biding can be sufficient grounds for Constitution, By-Laws, and Ritua ficers of this Lodge; that I agree anner as not to bring reproach or catus in this Lodge is a privilege what is bearing the name and/or insignighthorized by the Lodge or the Orc ge and are subject to immediate assignees and executors for all cathis Lodge and of the Fraternal of this Lodge and of the Fraternal of this Lodge and of the Fraternal of this Lodge and of the Fraternal of the supplemental of the supplemental this Lodge and of the Fraternal of the supplemental this Lodge and of the Fraternal of the supplemental this Lodge and of the Fraternal of the supplemental this Lodge and of the Fraternal of the supplemental this Lodge and of the Fraternal of the supplemental this Lodge and of the Fraternal of the supplemental this Lodge and of the Fraternal of the supplemental this Lodge and of the Fraternal of the supplemental this Lodge and of the Fraternal of the supplemental this Lodge and of the Fraternal of the supplemental this Lodge and of the Fraternal of the supplemental this Lodge and of the Fraternal of the supplemental this Lodge and the supplemen | atsoever, nor haction pendiojectives of the pest of my known denial of this ls of this Lodg to pay all due lisrespect uponich may be gra of the Frate der. I understasurrender uposts arising frorder of Polici | am I a meml ng at the time e Fraternal Conveledge and a application ge and of the s, fees, asse on myself, the anted, deniernal Order o and that sucon demand to my failue®. | ber of, nor see of this app<br>Order of Pol<br>ability. I ur<br>and/or terre<br>e Order; that<br>essments are<br>is Lodge, or<br>ed or revoke<br>of Police® are<br>h materials<br>without refure<br>to return | support an olication, a cice and of anderstand nination of the literature of the frater dat the place and remare issued and of any the proposition of the proposition | y organiza<br>and; 6) that<br>of New Jer<br>that any ir<br>f my privil<br>nply with thich are fir<br>rnal Order<br>easure of the<br>ain the trading to conjurt<br>fee assorerty of this | ation which it I support sey Lodge information eges as an athe orders exed by the of Police this Lodge addemarked inction with its Lodge of the lodg |
|  | ersey Lodge No. 46, Inc.  ant Signature:   |  |  | D   | ate of Application   | on:   |  |   |  |
|  |  |  |  |   |  |   |  |   |  |
|  | DO N   | OT WRITE   | BELOW - FOR USE BY   | LODGE   | ONLY   |   |  |   |  |
| Appl   | ication Received On:/_   |  | Application Reviewed: _  |   | Арр  | licant Inve   | stigated:  | □ YES   | S □ NO   |
| Reco   | ommendation:   APPROVE   RI  | EJECT Mem  | bership is:   APPROVED   | □ REJEC   | TED ME   | ETING DA  | TE:  |   |  |
| Due  | s Paid By:   CASH   MONEY ORDER  | □ CHECK  | Check / M.O. No. #:  |   | TOTAL  | . AMOUNT  | PAID:  | \$  |  |
| SEC  | RETARY SIGNATURE & DATE:   |  |  |   | PAID F   | OR YEAR   | (S):   |   |  |
| Rem  | arks/Comments:   |  |  |   |  |   |  |   |  |
| Asso   | ociate Shield No.:   | Associate  | Shield No.:  | A   | Associate Shield No.:  |   |  |   |  |
| Asso   | ociate Shield No.:   | Associate  | Shield No.:  | A   | Associate Shield No.:  |   |  |   |  |