



**NEW JERSEY LAW ENFORCEMENT OFFICERS
FRATERNAL ORDER OF POLICE LODGE NO.169**

APPLICATION FOR ASSOCIATE MEMBERSHIP

I certify that I am an American citizen of full age and do hereby apply for admission as an Associate member for New Jersey law Enforcement Officers FOP Lodge # 169

I promise to abide by the By-Laws and all rules and regulations to pay all annual dues regularly fixed by the lodge, and to conduct myself at all times in such manner as not to bring reproach upon the Fraternal Order of Police.

I also agree that violation of the pledge shall result in forfeiture of all membership and all of its privileges.

If my membership shall be revoked, I hereby agree to return the auto shield emblem(s) and all membership items and membership cards.

Applicant Signature

Exc.Board Member Approval

Please Print all Information

| | | | |
|------------------|-----------------|-----------------|--------|
| Name | Home # | Work # | Cell # |
| Address | Town | Zip code | |
| Birth date | SSN# (last 4 #) | License Plate # | |
| Type of Business | Address | | |
| Proposed by | Date | | |
| Shield # | Date issued | | |

Send completed form to: FOP Lodge # 169
Associate Membership Secretary
226 Elmwood Ct.
Brick, NJ. 08723