



OKEECHOBEE  
FRATERNAL ORDER OF POLICE  
LODGE #69

PO Box 543 • OKEECHOBEE, FL 34973  
PHONE: 863-634-5225

## APPLICATION FOR MEMBERSHIP

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# XXX - XX - \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, FL ZIP CODE: \_\_\_\_\_

HOME PX: \_\_\_\_\_ MOBILE PX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

AGENCY: \_\_\_\_\_

(Or- AGENCY FROM WHICH YOU RETIRED)

DATE OF EMPLOYMENT: \_\_\_\_\_

(Or- RETIRMENT DATE)

\*\*\*\*All information is needed by the State Lodge and will be kept confidential\*\*\*\*

*To the Officers of the Fraternal Order of Police:*

I, the undersigned, a full-time regularly employed or retired law enforcement officer, do hereby make application for Active Membership in Okeechobee Fraternal Order of Police, Lodge 69. I understand the purpose of this Lodge is to promote loyalty and allegiance between law enforcement members, their agencies, and the public. In addition, the Lodge strives to improve member's status in their profession through education, experience and charitable acts.

\_\_\_\_\_  
Signature

For Official use only:

\_\_\_\_\_  
Date

Voted: \_\_\_\_\_ Sworn: \_\_\_\_\_