



FRATERNAL ORDER OF POLICE PINELLAS LODGE 43 APPLICATION FOR MEMBERSHIP



I hereby make application to the Fraternal Order of Police, Pinellas Lodge No. 43, Inc. In making this application, I hereby agree to pay dues at a rate established by the Lodge Constitution and By-Laws for Members. I further certify that the information listed below is accurate and correct, and to notify the lodge in the event of any change in such.

Name: _____ D.O.B. _____
Last First MI.

Address: _____
Street City/State Zip

Home/Cell Phone: _____ Office Phone: _____

Personal E-Mail: _____ (your E-mail will ONLY be used for lodge e-mails)

Employed by: _____ Date of Employment/Retirement: _____

Employment Status: (circle one): Active Sworn / Retired / Other: _____

Have you ever been an F.O.P. Member? _____ Where? _____

The State of Florida is a right-to-work state. Membership or non-membership in a labor union is not required as a condition of employment, and union membership and payment of union dues and assessments are voluntary. Each person has the right to join and pay dues to a labor union or to refrain from joining and paying dues to a labor union. No employee may be discriminated against in any manner for joining and financially supporting a labor union or for refusing to join or financially support a labor union.

Pursuant for Florida Statute 447.301, the FOP submits the following disclosures: Officer and employee compensation:

- President - \$250 monthly
- Treasurer - \$125 monthly
- Secretary - \$125 monthly
- Attorney - \$4,500 monthly

Dues Payment: \$30 Monthly or \$35 Monthly with Accidental Death and Dismemberment Policy

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 Optional \$50,000 Accidental Death & Dismemberment Policy is available for \$5.00 per month and added to your dues. Note: You also need to fill out a beneficiary form if you elect the insurance policy.

Do you want to add optional AD&D Policy? ___ Yes ___ No; If yes, SSN: _____

Application Recommended by: _____ Applicant's Signature: _____
 =====

Office Use Only:
 New Member Reading: _____ Accepted: _____ Rejected: _____



**Fraternal Order of Police
Pinellas Lodge No. 43
550 Commerce Drive
Largo, Florida 33770
727-586-6754**



I, _____, do hereby authorize the sum of
(Check One)

_____ (\$35 month or \$16.15 per pay period. Includes \$50,000 Acc. Death/Dism. Ins. Policy).

Note: You also need to fill out a beneficiary form if you elect the insurance policy. Email officemanager@fop43.org for more information.

_____ (\$30 month or \$13.85 per pay period. Does not include Acc. Death/Dism. Ins. Policy) to be billed/or payroll deducted to me or on behalf of me for the purpose of monthly dues for the Fraternal Order of Police, Pinellas Lodge No. 43.

Date: _____

Printed Name: _____

Signature: _____

ID Number: _____

Dues Payment Options (select one):

_____ Payroll Deduction (\$30 mos. or **\$13.85 per pay period** or \$35 mos. or **\$16.15 per pay period**)

_____ Bank Draft (\$30 or \$35 monthly, deducted on or about the 1st of each month):
ATTACH VOIDED CHECK

_____ Credit Card Monthly (\$30 or \$35 monthly, deducted on or about the 1st of each month)

_____ Credit Card Quarterly (\$90 or \$105 quarterly, deducted on or about the 1st of Jan/Apr/Jul/Oct)

_____ Visa/MC/Discover Card# _____ Exp: ____/20__ Zip _____

_____ Quarterly Invoice Billing (\$90 or \$105 Billed Jan/Apr/July/Oct)

Pinellas County Corrections/Pinellas Park PD/Pinellas County Schools Police, and Indian Shores PD need to submit this form to their payroll/fiscal department for payroll deduction