



DENVER SHERIFF DEPARTMENT LODGE #27
FRATERNAL ORDER OF POLICE

2701 W. 84th Ave Ste. 204 • Westminster, Colorado 80031
 Phone (303) 477-1863 • Fax (303) 477-1890 • Lodge27@qwest.net

Enrollment Application

PERSONAL INFORMATION (Please Print)			SERIAL NUMBER
LAST NAME		FIRST NAME	MIDDLE NAME
HOME ADDRESS			CITY
ZIP CODE	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE
AGENCY OF EMPLOYMENT DSD		FACILITY ASSIGNMENT	DATE OF HIRE
HOME PHONE #	WORK PHONE #	PAGER # (OPT)	E-MAIL ADDRESS
APPLICANT'S CERTIFICATION - Please read carefully			
To my knowledge, I am not presently named in any suit, action, or proceeding, nor under investigation for a duty-related incident except for the following (please list all pending legal actions or state 'none'):			
I hereby apply for enrollment in the Fraternal Order of Police. I agree to abide by all the terms and conditions thereof.		Applicant's Signature:	
I hereby apply for enrollment in the F.O.P. Legal Defense Fund. I agree to abide by all the terms and conditions thereof. I agree to be truthful when making claims and will agree to release all information required by the Fund and its coordinators/agents.		Applicant's Signature:	
BENEFICIARY NAME AND RELATIONSHIP:		DATE OF APPLICATION:	

Disclosure Statement for F.O.P. Membership

I hereby acknowledge by my affixed signature that, as a new member in the Fraternal Order of Police, and as a member of the bargaining unit, I will be responsible for the Fair Share amount that is assessed for the current year as that amount is calculated pursuant to the existing Fair Share Resolution. I further state that I will abide by and not violate the Constitution, By-Laws, Ritual, Oath, obligations, or Good of the Order of this Lodge or the F.O.P. for which discipline, including expulsion from membership, may be imposed for any such violation.

 Applicant Signature

 Witness Signature

A Proud Tradition in Law Enforcement



DENVER SHERIFF DEPARTMENT LODGE #27
FRATERNAL ORDER OF POLICE

2701 W. 84th Ave Ste. 204 • Westminster, Colorado 80031
Phone (303) 477-1863 • Fax (303) 477-1890 • Lodge27@qwest.net

Authorization for Payroll Deduction

APPLICANT'S CERTIFICATION - Please read carefully	
I hereby authorize my employer to deduct monies from my monthly payroll for dues payable to the Fraternal Order of Police Lodge 27.	
Applicant's Signature:	X _____
Applicant's Printed Name:	X _____
Serial Number :	Date of Application :

Disclosure Statement for F.O.P. Membership

I hereby acknowledge by my affixed signature that, as a new member in the Fraternal Order of Police, and as a member of the bargaining unit, I will be responsible for the Fair Share amount that is assessed for the current year as that amount is calculated pursuant to the existing Fair Share Resolution. I further state that I will abide by and not violate the Constitution, By-Laws, Ritual, Oath, obligations, or Good of the Order of this Lodge or the F.O.P. for which discipline, including expulsion from membership, may be imposed for any such violation.

Applicant Signature

Witness Signature

A Proud Tradition in Law Enforcement