

**Fraternal Order of Police**  
**Austin Lodge 49**  
**Membership Application**  
 Please return to lodge at P.O.  
 Box 685151, Austin TX 78768-5151

**Active Membership** in the Fraternal Order of Police Austin Lodge 49 is open to all full time law enforcement officers and retired law enforcement officers. (Legal & Disability Plan Eligible)

**Associate Membership**: Shall be comprised of employees of law enforcement related agencies who are not peace officers and police officers who are not considered full time. (Legal & Disability Plan Eligible)

**Auxiliary Membership**: Shall be comprised of individuals who support the goals of the organization and law enforcement in general. (Local Lodge dues only)

**Honorary membership**: Shall be comprised of individuals recognized by the State Lodge or Austin Lodge 49 for exceptional service or contribution to the State or political subdivision, the law enforcement community or the Fraternal Order of Police.

**~You can add legal and/or disability if you choose~**

Membership \$10 month    Legal Plan +\$15    Disability Plan +\$20 = Total Monthly \$ \_\_\_\_\_

**Check one payment option below:**

- Please collect dues and assessments by bank draft (form provided). Bank draft form required to be completed and submitted with application.    I will pay my dues and assessments by yearly lump sum, up front after voted into the lodge.    Travis County Officers can pay dues and assessments by county deduction (form provided).

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

<b>Home</b>	<b>Work</b>
Address: _____ _____	Agency Name: _____
Phone: _____	Address: _____ _____
Cell: _____	Phone: _____
Pager: _____	Position/Rank: _____
Preferred e-mail Address: _____	TCLEOSE Certification: _____
	Instructor Certification?: _____

**LABOR/LEGAL PLAN**

Source: [www.PLEA.net](http://www.PLEA.net)

I **DO / DO NOT** wish to participate in the Texas FOP Labor/Legal Plan. I understand my monthly dues would be increased by \_\_\_\_\_, the current cost of the program. I further understand the legal defense plan will not go in effect until the first day of the next month after my application is accepted. If I choose not to participate in the legal/labor plan, I understand the lodge, its members or its executive officers are not responsible for any legal fees stemming from any actions connected with my employment. Any actions taken on my part will be at my own expense. I understand that I am responsible for prompt payment of all dues and if I do not keep my dues current I will be dropped without further notice and lose all rights and benefits of the plan into which I enrolled.

Signature: \_\_\_\_\_      Witness: \_\_\_\_\_      Print

**LONG TERM DISABILITY PLAN**

Source: HPPU Lodge 109

I **DO / DO NOT** wish to participate in the Texas FOP Long Term Disability Plan. I understand my monthly dues would be increased by \_\_\_\_\_, the current cost of the program. I further understand the long term disability plan will not go in effect until the first day of the next month after my application is accepted. I understand that I am responsible for prompt payment of all dues and if I do not keep my dues current I will be dropped without further notice and lose all rights and benefits of the plan into which I enrolled.

Signature: \_\_\_\_\_      Witness: \_\_\_\_\_      Print

**CONTINUED ON BACK**

**STATE/LOCAL LODGE INSURANCE BENEFIT ASSIGNMENT**

In the event of an untimely death, either natural or line of duty, I designate the following beneficiary(s) to receive any and all funds entitled to me as a member of the Fraternal Order of Police, of which my state or local lodge may have paid a life insurance premium.

% \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

SS# \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

% \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

SS# \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

% \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

SS# \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

% \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

SS# \_\_\_\_\_ Phone: \_\_\_\_\_

=100% Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Print      Witness: \_\_\_\_\_ Print

**OBLIGATION AFFIRMATION**

I, \_\_\_\_\_ in the presence of the Creator of the universe and the members of the Fraternal Order of Police here assembled, do most solemnly and sincerely promise and swear that I will, to the best of my ability, comply with all laws and rules of this Order; that I will recognize the authority of my legally elected officers and obey all orders there from not in conflict with my religious or political views, or my rights as an American Citizen; that I will not cheat, wrong or defraud this Order, or any member thereof, or permit the same to be done if in my power to prevent it; that I will at all times aid and assist a worthy brother or sister in sickness or distress so far as it lies in my power to do so; that I will not divulge any secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this my solemn oath or obligation, I hereby consent to be expelled from the Order.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Witness: \_\_\_\_\_ Member Witness: \_\_\_\_\_

**For Staff Use Only**

Date Submitted: \_\_\_\_\_

Date Accepted: \_\_\_\_\_

Date Sworn: \_\_\_\_\_

Sworn By: \_\_\_\_\_

Date Card Submitted: \_\_\_\_\_

Dues option: Pay Pal/County Deduct/ Lump Sum/Draft

Lodge 49 Monthly Dues      \$ \_\_\_\_\_

Legal Defense Plan      \$ \_\_\_\_\_

Long Term Disability      \$ \_\_\_\_\_

Total Monthly Dues      \$ \_\_\_\_\_

1<sup>st</sup> month dues attached?      Y / N

Welcome Letter Sent \_\_\_\_\_