

Fraternal Order of Police Spoon River Valley Lodge 427 Associate Member Business Application Form

Please complete and return with \$100 annual dues. Applications will not be processed until payment has been received and sponsorship has been verified or background check recieved.

Applicant Information:				
Bus. Name:				
Street Address:				
City:	State:		Zip Code:	
E-Mail Address:	Phone	Phone Number:		
Rep Name:	Profes	Profession or Occupation:		
NEW MEMBERS* - SPONSOR INFORMATION/Bateligible sponsor or agree to undergo a background chenforcement professional) who recommends the application of a sponsor, background checks are \$30, payastrictest confidence. For background checks, please a	neck by Lodge 427. An e plicant for Associate me able by the applicant and	ligible sponsor is embership. d remitted at the	an FOP member (fu	Il-time, sworn law All information is held in the
Sponsor Full Name:		Sponsor Lodge Name and/or Number:		
Sponsor E-mail:		ponsor Phone Nu	umber:	
* NEW MEMBERS are those who have never applied current Associate Member, you do not need to enter AFFIRMATION: I, the applicant, hereby make applicant membership program. I hereby state that I am a citize never been convicted of a felony and have never been abide by all laws, rules and regulations of Spoon Rive citizen. I further agree that any decal and any other p for use by current Associate members only. These item	sponsor information or cation to join the Fraterr en of good repute of the n a member of any subv r Valley Lodge 427, prov property bearing the loca ms can be recalled by the	undergo a backen nal Order of Police United States of versive or un-Amviding they do not al, state or nation ne Lodge for misu	ground check. e, Spoon River Valled f America. I further serican organization. I t conflict with my rel al FOP logo are the p	y Lodge 427 Associate swear or affirm that I have I AGREE , if found qualified, to ligion or rights as an American property of the Lodge and are
ADDITIONAL INFORMATION OR COMMENTS?				
Payment Summary	P	ayment Opt	ions	
Associate Yearly Membership Dues:	\$100	•		vith check payable to SRV FOP 427
Background Check Fee (\$30), if applicable:				
Additional Donation:		Online		
Other:				
Total Due:				
- OFFICE USE ONLY -		Send t	70	Print and send completed application

Date

President's Signature

Denied

and \$100 annual dues to: Spoon River Valley FOP Lodge 427 P.O. Box 427 Canton, IL 61520