



Petition for Initiation and Membership
Fraternal Order of Police Associates
Capital City Lodge # 5 Columbus, Ohio

Full Name:	Place of Birth	Date of Birth:
Address, City & State	Zip Code:	Phone #:
Social Security Number:	Drivers License #:	State License Issued:
Name of Business:	Profession:	
Business Address:	Zip Code	Business Phone:

1. Has Applicant been previously proposed for membership in this or any other lodge of the F.O.P.A? YES / NO. if Yes, list dates. _____
2. Have you ever been a member of any other F.O.P.A. Lodge? YES / NO
If yes, Which Lodge? _____
3. How long has Applicant lived in Franklin County? _____
4. How long has Applicant worked for present employer _____
If less than 2 years, list employers and their addresses for the previous 2 year time period.

5. Has applicant served in the military service? YES / NO _____

6. List all arrests or criminal actions in which you were the defendant.

7. List 2 business references (Name, Address & Phone #)

A) _____

B) _____

8. List 2 personal references (Name, Address, & Phone)

a) _____

b) _____

9. Traffic violations: List all violations and date of the violation you have been cited for in the past three (3) years.

I, _____, the undersigned, hereby make application to join this lodge of the Fraternal Order of Police Associates of Ohio, Inc. and hereby state that I am over the age of 18 years of age and a citizen of the United States of America. I, hereby state that I am of good repute and have not been convicted of a felony and never been a member of any subversive or anti-American organization. I, hereby state that the information submitted on this application is true and factual. I do agree, if found qualified, to abide by the rules, laws, regulations, etc, of the lodge and the DECAL MEMBERSHIP CARD, METAL EMBLEM, ETC, are property of the lodge and can be recalled by the lodge of this order for misuse, misrepresentation, or non-payment of DUF's or other valid reasons.

I hereby authorize the FOP#9 to conduct a background check on my application for admission to the FOPA Lodge #5.

Signature of Applicant _____ Date _____

The above signed applicant has been recommended and vouched for by & on the honor of:

Print	Sign	FOP	FOPA
Print	Sign	FOP	FOPA

Send completed application along with \$25.00 (check or money order) non-refundable application fee to:

Fraternal Order of Police #9
Attn: Heather Jordan
6800 Schrock Hill Ct.
Columbus, Ohio 43229

Once a properly completed petition for membership is received, a minimum of two (2) months is needed to process the petition. You will be notified by mail when the investigation is completed.

Date received by FOP #9 Secretary: _____

Background check completed date: _____

FOP #9 membership meeting date: _____ Approved/Disapproved

The FOPA #5 initiation date: _____ Letter sent _____ Second _____ Third _____