



**Fraternal Order Of Police
ARIZONA FEDERAL
LODGE P.O. Box 69
Marana, AZ 85653
RETIREE APPLICATION**



PERSONAL INFORMATION

Name	First	MI	Suffix
Address	Phone		
City	Zip		
email, (Personal email only, no Gov please)			

AGENCY INFORMATION

Last Duty Location			
Address	Phone		
City	Zip		
EOD	Retirement Date		

To the officers of the Fraternal Order of Police, Federal Lodge #2:

I, the undersigned, attest that I am a RETIRED Federal Law Enforcement Officer / Agent, do hereby make application for Active Membership to the Fraternal Order of Police, Arizona Federal Lodge #2.

Should my membership be revoked or discontinued for any reason while in good standing, I do hereby agree to return to the Lodge my membership card and any other material bearing the F.O.P. insignia.

Dues for RETIRED FEDERAL LAW ENFORCEMENT ONLY: \$60.00 per year. Please make check payable to Federal Lodge 2. **Membership is effective the first day of the month, following acceptance (vote) into the lodge. Acceptance (vote) is conducted on the 1st Wednesday of the month . **

**I HAVE READ AND AGREE WITH THE TERMS OF THIS AGREEMENT and
ACKNOWLEDGE THAT MEMBERSHIP DOES NOT INCLUDE LEGAL COVERAGE.**

Signature Date

Email signed and completed form to geiddyfedlodge2@gmail.com & mikefedlodge2@gmail.com

Administration Use Only

Date Received: _____ / _____ / _____ Payment Method: Check: _____ Cash: _____ M.O: _____

Amount: \$ _____ Effective Date: _____ / _____ / _____

Date Entered: _____ / _____ / _____ BY: _____ Modified or Added: _____