



Stephen Schulz  
President

# FRATERNAL ORDER OF POLICE®

Longmont Police FOP Lodge 6

FOP Lodge 6, P.O. Box 1274, Longmont, Colorado 80502

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Jocelyn McManus  
Secretary

## “Obligation”

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 the laws and rules of the 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 of the 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.

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

## FRATERNAL ORDER OF POLICE

### Application Form

(Please Print Clearly)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ SS# \_\_\_\_\_  
Date of Hire: \_\_\_/\_\_\_/\_\_\_ Agency: \_\_\_\_\_ Title: \_\_\_\_\_  
Mobile Phone: \_\_\_-\_\_\_-\_\_\_ Home Phone: \_\_\_-\_\_\_-\_\_\_ Work Phone \_\_\_\_\_  
Personal Email Address: \_\_\_\_\_

### Legal Defense Fund Agreement

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: \_\_\_\_\_. I hereby apply for enrollment in the FOP Legal Defense Fund. I agree to abide by all the terms and conditions thereof. I understand that no coverage is in effect until this application is approved and accepted by the Legal Defense Fund Administrator. I agree to be truthful when making a claim and I will agree to release all information required by the LDF Directors.

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

**RETURN THIS COMPLETED FORM WITH PAYROLL DEDUCTION FORM TO  
LODGE SIX PRESIDENT STEPHEN SCHULZ'S PD MAILBOX**

I, \_\_\_\_\_, hereby give Longmont FOP Lodge #6 permissions to draft my bank account biweekly for the current dues adopted by the membership.

FRATERNAL ORDER OF POLICE®

*We are the voice of those who dedicate their lives to protecting and serving our communities.*