



# FRATERNAL ORDER OF POLICE · ILLINOIS STATE LODGE

## ASSOCIATE MEMBER APPLICATION FORM

### 2026

Please complete and return with \$30 annual dues. Applications will not be processed until payment has been received and sponsorship has been verified or background check received.

#### Applicant Information:

Full Name:			
Street Address:			
City:	State:	Zip Code:	
E-Mail Address:	Phone Number:		
Employer:	Profession or Occupation:		

**NEW MEMBERS\* - SPONSOR INFORMATION/BACKGROUND CHECKS:** To be granted Associate membership, all applicants must have an eligible sponsor or agree to undergo a background check by the State Lodge. An eligible sponsor is **an FOP member (full-time, sworn law enforcement professional)** who recommends the applicant for Associate membership.

In lieu of a sponsor, background checks are \$16, payable by the applicant and remitted at the time of application. All information is held in the strictest confidence. For background checks, please also complete and return the Associate Member Background Information form.

Sponsor Full Name:	Sponsor Lodge Name and/or Number:
Sponsor E-mail:	Sponsor Phone Number:

\* **NEW MEMBERS** are those who have never applied for membership or those who have not renewed their membership since 2011. If you are a current Associate member, you do not need to enter sponsor information or undergo a background check.

**AFFIRMATION:** I, the applicant, hereby make application to join the Fraternal Order of Police, Illinois State Lodge Associate membership program. I hereby state that I am a citizen of good repute of the United States of America. I further swear or affirm that I have never been convicted of a felony and have never been a member of any subversive or un-American organization. I **AGREE**, if found qualified, to abide by all laws, rules and regulations of the Illinois State Lodge, providing they do not conflict with my religion or rights as an American citizen. I further agree that the auto decal and any other property bearing the state or national FOP logo are the property of the Lodge and are for use by current Associate members only. These items can be recalled by the Lodge for misuse, nonpayment of dues, or other valid reasons.

I have read and agree to the above stated affirmation. (Please check box)

#### ADDITIONAL INFORMATION OR COMMENTS?

#### Payment Summary

Associate Membership Dues:	\$30
Background Check Fee (\$16), if applicable:	
Adhesive Medallion (\$15) LIMIT ONE PER YEAR	
Additional Donation:	
Total Due:	

#### Payment Options

Check (print application & send with check payable to ILFOP)

ACH Form available upon request.

- OFFICE USE ONLY -

Approved

Denied

President's Signature

Date

[Submit by E-mail](#)

[Print & Mail](#)

Applications will be held until payment is received.

Print and send completed application and \$30 annual dues to:  
Illinois Fraternal Order of Police  
4341 Acer Grove, Suite B  
Springfield, IL 62711