



1311 Generals Highway
 Crownsville MD 21032
 410-987-1723 410-923-0788 [Fax]

Dear Applicant:

Thank you for showing an interest in becoming an Associate Member of the Anne Arundel County Maryland Fraternal Order of Police, Lodge #70, Incorporated. We, as police officers, need the support of citizens like you. We encourage you to become an Associate Member of our FOP. By becoming an Associate Member of our lodge you will be able to enjoy all of the benefits listed below.

1. You will receive your FOP Associate Member Credentials
 - These credentials are your passes to attend FOP sponsored events
 - These credentials will also grant you access to other lodges throughout the country (with prior approval)
2. You will receive an official FOP Annual Associate Member window sticker
3. As a member you may purchase FOP Associate tags for your vehicle
4. You can enjoy the Lodge Hall at reduced, member's only rates
5. You will have the ability to purchase FOP Associate Member merchandise
6. You will also receive our monthly newsletter, "The Informant" to keep you up-to-date on issues that affect our officers every day
7. With Business associate Membership, you will have a direct link to your website from ours. You will also receive a one-time ad in our newsletter

I, the undersigned, do hereby make application for Associate Membership to the Anne Arundel County Maryland, Fraternal Order of Police #70, Incorporated. I understand that the FOP is a private organization that reserves the right to reject any application. No applicant shall be denied membership on the basis of race, religion, national origin, or age.

Once accepted, should my membership be revoked or discontinued for any cause, I do hereby agree to forfeit any and all dues to date. I also understand that I must return to Lodge #70 my membership card and all material bearing the FOP insignia or logo.

My signature below attests that all the information given is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Type of Membership (Please check one)

<input type="checkbox"/> Associate: \$25 a year per individual	<input type="checkbox"/> Family Associate: \$20 a year for each individual in the same residence	<input type="checkbox"/> Reserve Associate: \$15 a year for Anne Arundel County Reserve Officer Only	<input type="checkbox"/> Business Associate: \$100 a year for business owners
--	--	--	---

PLEASE PRINT OR TYPE CLEARLY

Name		Date Of Birth
Address		City State Zip
Home Phone		Email Address
Business Name		Work Phone
Sponsor's Name		

In addition to my annual dues I wish to provide an additional donation in the amount of \$ _____ to benefit the:

- Fallen Heroes Fund Political Action Committee Training Fund

- I have enclosed a check for dues/donation OR I have paid dues/donation via the Web Site

Please return this application to:

FOP Lodge #70
 1311 Generals Highway
 Crownsville MD 21032
 ATTN: Corresponding Secretary

FOR OFFICE USE ONLY --- Type Membership			
<input type="checkbox"/> Associate	<input type="checkbox"/> Family	<input type="checkbox"/> Reserve	<input type="checkbox"/> Business
Paid	Amount	Additional Donation	Card #