



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:	CITY, STATE, ZIP CODE:	BUSINESS PHONE #:
EMAIL ADDRESS:		

Has applicant previously been proposed for membership in this or any other Lodge of the FOPA?

\_\_\_\_\_ if yes, list date(s). \_\_\_\_\_

Has applicant ever been a member of any FOPA Lodge? \_\_\_\_\_

If so, which Lodge? \_\_\_\_\_

How Long has applicant lived in Central Ohio? \_\_\_\_\_

How long has applicant worked for current employer? \_\_\_\_\_

If less than two (2) years, list employers and their addresses for the previous two (2) year period.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all civil and criminal cases in which applicant is the defendant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all traffic violations in the previous three (3) years in which the applicant has been cited.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 eighteen (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 any 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 and regulations of the Lodge, and that members cards, emblems, et cetera, are property of the Lodge and can be recalled by the Lodge of this order for misuse, misrepresentation, or other valid reasons.

I hereby authorize FOP Lodge #9 to conduct a background check of me for admission to FOPA Lodge #5.

Signature of applicant: \_\_\_\_\_

The applicant listed above has been recommended and vouched for by, and on the honor of:

NAME:	SIGN:	FOP or FOPA
NAME:	SIGN:	FOP or FOPA

Send completed application along with \$15 (check or money order made out to FOP Lodge #9) nonrefundable application fee to:

FOPA Lodge #5  
6800 Schrock Hill Court  
Columbus, Ohio 43229

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

Date application was received by FOPA Lodge #5 \_\_\_\_\_

Was name of applicant sent to newsletter editor? \_\_\_\_\_

Was check or money order received with application? \_\_\_\_\_

Date application was received by Lodge #9 Secretary \_\_\_\_\_

Date background check was completed by Secretary \_\_\_\_\_

Date application was returned to FOPA file \_\_\_\_\_

Date application was presented to Lodge #9 membership \_\_\_\_\_

Was applicant approved by Lodge #9 membership? \_\_\_\_\_

FOPA #5 initiation date: \_\_\_\_\_ Letter Sent: \_\_\_\_\_ Second: \_\_\_\_\_