



Associate Membership Application Fraternal Order of Police

*Red Rose Lodge #16 Lancaster County, Pa
P.O. Box 4884, Lancaster, Pa 17604-4884*

****ALL Applicants MUST be at least 21 years of age****

Name: *(please print)* _____
Address: _____ City _____
State: _____ Zip: _____ Age: _____ Date of birth: _____
Home phone: _____ Cell phone: _____
Occupation: _____
Place of Employment: _____
Have you ever been arrested other than for a minor traffic violation? _____
If YES please explain: _____

*****Associate Membership can be revoked at any time for just cause by majority vote of the active membership during a monthly lodge meeting.***

Should my application be approved and I become an Associate Member of Red Rose Lodge #16, Lancaster County Pa, I hereby promise to adhere to all rules and regulations of Associate Members.

Signature of Applicant: _____

Dues: \$20.00 yr Emblems \$10.00 _____ Window Stickers \$ 1.00 _____

****Dues Required to be submitted with application****

Recommended By: (print clearly) _____

Below for Lodge Use Only

Approved: YES ___ NO ___ Date Accepted: _____

Date Paid: _____ Check(No#) _____ Cash: (Amount) _____

NO# Emblems _____ NO# Window Stickers _____

Other Info: _____
