

**EAST POINT-ATLANTA LODGE # 12  
FRATERNAL ORDER OF POLICE  
APPLICATION**

NAME \_\_\_\_\_

PHONE: WK: ( ) \_\_\_\_\_ HM: ( ) \_\_\_\_\_

Non-Government E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DOB: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGENCY: \_\_\_\_\_ DATE: \_\_\_\_\_

ARE YOU INTERESTED IN JOINING THE FOP LEGAL DEFENCE PLAN?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE CALL THE HYLANT GROUP FOR COST AND MORE INFORMATION AT 800-341-6038 or [www.foplegal.com](http://www.foplegal.com)

CHECK IF RETIRED FROM LAW ENFORCEMENT \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

**NOTE: DUES FOR ACTIVE LAW ENFORCEMENT OFFICERS IS \$65.00 PER YEAR. – RETIRED OFFICERS ARE \$35.00 PER YEAR.**

PLEASE SEND COMPLETED APPLICATION TO: EAST POINT-ATLANTA FOP, P.O. BOX 482, Ellijay, GA. 30540 or email to [marlinep@att.net](mailto:marlinep@att.net)

**BENEFICIARY INFORMATION FOR INSURANCE**

NAME OF BENEFICIARY (S) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TEL: ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DOB: \_\_\_\_\_

**See second page for your oath of obligation.**

**Fraternal Order of Police  
East Point-Atlanta Lodge #12**

I, the undersigned, a full-time, regularly employed law enforcement officer or retired law enforcement officer, agree to be bound by the following obligation of the Order:

**OATH OF 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 this 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 swear. Should I violate this, my solemn oath and obligation, I hereby consent to be expelled from this Order.

I have read and understand the Oath of Obligation of the Fraternal Order of Police printed above. I have affixed my signature below as receiving and agreeing to such obligation, also I hereby agree to return to the lodge my membership card and any other materials bearing the Fraternal Order of Police (F.O.P.) insignia if instructed to do so.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_