



David P. "Daddy" Banks Lodge # 93
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MEMBER APPLICATION & BENEFICIARY FORM

Updates to form can be e-mailed to the address above

New App: _____ Update Only: _____

Name (Last, First, Middle Initial)

Street Address

City, State, Zip

Home/Cell #

Personal Email Address (DO NOT USE GOVERNMENT EMAIL ADDRESS)

Department

Active: _____ Retired: _____
Please provide copy of credentials or Retired ID

BENEFICIARY INFORMATION

Last Name, First Name (1st Beneficiary)

Relationship to Member

Date of Birth

Complete Mailing Address (if different from member)

Contact #

Last Name, First Name (2nd Beneficiary)

Relationship to Member

Date of Birth

Complete Mailing Address (if different from member)

Contact #

Membership Dues are \$40 yearly (Jan-Dec). Membership dues can be paid online via our website membership page at www.georgiafop.org Please call the State Lodge at 770-485-7180 if there are any questions.

Applicants must submit this signed application, signed copy of the oath, copy of the active/retired agency identification and submit payment to complete the joining process.

X _____
Signature of Applicant

Date

It is the members responsibility to keep their personal information up to date and correct. The State Lodge must pay the benefits as noted in the most recent document submitted by the member. Please use this form to update any of the personal information.

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

OATH OF OBLIGATION

In the presence of the Creator of the Universe, 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: I also am not associated with or a member of any party / organization regardless of what name known which advocates the abolition, destruction, or violent overthrow of the United States or any state or political subdivision thereof. 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.

X _____
Signature of Applicant

Date