



HAROLD C. ENLOE NC FOP LODGE #1  
P. O. BOX 271  
ASHEVILLE, NC 28802  
828-258-9444

**NEW MEMBERSHIP APPLICATION AND INFORMATION**

**ACTIVE** – Fulltime &/or retired BLET Sworn - LEO &/or sworn Detention, PP, DOC guard.  
**AFFILIATE** – Fulltime non-sworn LE employee, working Reserve Officer, or non-BLET Detention

**NAME:** \_\_\_\_\_  
First Middle Last

**ADDRESS:** \_\_\_\_\_  
Street or PO Box City State Zip

**TELEPHONE(HOME)** \_\_\_\_\_ **(WORK)** \_\_\_\_\_ **(CELL)** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SOCIAL SECURITY#** \_\_\_\_\_

**E-MAIL ADDRESS: (NO work emails)** \_\_\_\_\_

**EMPLOYER or Retired from:** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_ **CIRCLE ONE**  
**POSITION:** \_\_\_\_\_ **BLET CERTIFIED** Y N / **FULLTIME**  
/ **RESERVE**

**BENEFICIARY(S) NAME:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**BENEFICIARY ADDRESS:** \_\_\_\_\_

**BENEFICIARY SSN** \_\_\_\_\_ **BENEFICIARY D.O.B.** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

\_\_\_\_\_. **(INITIAL)** \*\* NON-PAYMENT OF MY DUES, IS GROUNDS FOR SUSPENSION OF MEMBERSHIP.

**RECOMMENDED BY ACTIVE FOP MEMBER-** \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_. **(INITIAL)** The dues for the **Current Calendar Year** will be at no cost to the above named applicant once their application has been accepted for membership at a regular scheduled meeting.

*This is a onetime offer.* If for any reason the above named applicant/member has a lapse in their membership, no matter how long the time span, reinstatement will be at the full cost at that time.

\_\_\_\_\_. **(INITIAL)** \*\* NON-PAYMENT OF MY DUES, IS GROUNDS FOR SUSPENSION OF MEMBERSHIP.

*I the undersigned 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 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 promise and swear. Should I violate this, My solemn oath or obligation, I hereby consent to be expelled from the order.*

**\* APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\* Are you an FOP member in another state?** Y N

(FOR OFFICE USE ONLY)

**DATE APPROVED OR DENIED:** \_\_\_\_\_ **BY** \_\_\_\_\_  
(CIRCLE ONE)