



How to Join

Congratulations for wanting to be a member of the greatest Law Enforcement organization there is! At about 300 members strong, Arapahoe FOP Lodge 31 can always use another positive member to help the Lodge progress into the future.

By filling out the attached forms you will have joined, not only this local Lodge and members across the State of Colorado, but the world's largest organization of sworn law enforcement officers, a Brotherhood and Sisterhood of more than 325,000 members in 2,100 lodges Nationwide.

We have two membership levels that require dues. Sworn members are \$30 a month. Civilian members are \$25 a month. Both membership levels include the Legal Defense Fund; see the Legal Defense Fund page for further information.

Please fill out the appropriate attached form (Civilian \$25, Sworn \$30). Your form must be returned to Secretary Beau Baggett with an **attached check** made out to **FOP LODGE #31** for either \$25 or \$30. Direct deposit is on a one month delay, so the check will cover that delay, making you an immediate member in good standing.

Shortly after your application has been processed you will receive your official FOP membership card, LDF terms and conditions booklet and your password to the "Members Only" section of the website.

Once again, we welcome you aboard and look forward to seeing you at one of our meetings and hearing what YOU would like to be involved in with the FOP

Fraternal Order of Police

Colorado State Lodge

“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 the order; that I will recognize the authority of my legally elected officers and obey all orders therefrom 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/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 any one 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.

(Signature)

Fraternal Order of Police

Application Form

(print or Type)

Name _____
Address _____ City _____
State _____ Zip _____ Date of Birth _____ S.S. # _____
Date of Hire _____ Agency _____ Title _____
Lodge # _____ Home Phone _____ Work Phone _____

Legal Defense Fund Agreement

To my knowledge, I am not presently named in any suit, action, or proceeding, nor under investigation for a duty related incident, except for the following: _____

I hereby apply for enrollment in the FOP Legal Defense Fund. I agree to abide by all the terms and conditions thereof. I understand that no coverage is in effect until this application is approved and accepted by the Legal Defense Fund Administrator. I agree to be truthful when making a claim and I will agree to release all information required by the LDF Directors.

Date _____ Signature _____

Original: State Lodge - Yellow Copy: Legal Defense Administrator - Pink Copy: Lodge's Record

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION
FRATERNAL ORDER OF POLICE

I hereby authorize Arapahoe County to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to the account listed below, and the financial institution named below to credit and debit the same entries to such account. This authorization is to remain in full force and effect until Arapahoe County has received written notification from me on its termination in such time and in such manner as to afford Arapahoe County a reasonable time to act on it.

NAME PRINTED _____

PEOPLESOFT ID# _____

DIVISION NAME _____ PHONE _____

SIGNATURE _____ DATE _____

Account # 1078184

Bank Route # 091400525

First National Bank

Amount \$ 30.00

OR CANCEL MY DEDUCTION effective _____

Requests for new deposits received by the Payroll Office by the 15th of the month will start in the following month.

This “one-pay-cycle delay” is required to test the direct deposit.

Requests for cancellation of deposits received by the Payroll Office by the 15th of the month will stop at the end of that month. A test run is not needed for cancellations.

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NAME PRINTED _____

PEOPLESOFT ID# _____

DIVISION NAME _____ PHONE _____

SIGNATURE _____ DATE _____

Account # 1078184

Bank Route # 091400525

First National Bank

Amount \$ 25.00

OR CANCEL MY DEDUCTION effective _____

Requests for new deposits received by the Payroll Office by the 15th of the month will start in the following month.

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