



FRATERNAL ORDER OF POLICE®

CALIFORNIA STATE LODGE

WWW.CAFOP.ORG

California FOP Membership Application

Name *

First

Last

Date of Birth *



dd-MMM-yyyy

Email *

Cell Phone *

Home Address *

Street Address

City

State/Region/Province

Postal / Zip Code

Employing Agency *



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California FOP Membership Application

Work Address *

Street Address

City

State/Region/Province

Postal / Zip Code

Rank / Title / Classification *

Badge or ID# *

Date of Hire *



dd-MMM-yyyy

Peace Officer *

YES

NO

Retired *

YES

NO

Association Name *



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Association Address *

Street Address

City

State/Region/Province

Postal / Zip Code

Association Phone *

Association Email *

Terms and Conditions - Membership Application *

I HEREBY APPLY FOR MEMBERSHIP IN THE FRATERNAL ORDER OF POLICE OF CALIFORNIA AND PLEDGE TO PAY DUES AS SET FORTH IN THE CONSTITUTION FOR ITS MEMBERS. DUES ARE PAYABLE YEARLY.

I accept the Terms and Conditions.

Terms and Conditions - Good Standing *

I AM A MEMBER IN 'GOOD STANDING' WITH MY RECOGNIZED BARGAINING UNIT (UNION OR ASSOCIATION). A MEMBER IN 'GOOD STANDING' IS A MEMBER WHO IS CURRENT ON PAYING DUES, HAS NOT WITHDRAWN, CANCELLED, TERMINATED OR RESIGNED FROM MEMBERSHIP OR HAS NOT BEEN EXPELLED OR SUSPENDED FROM MEMBERSHIP FOR CAUSE. I FURTHER AGREE TO NOTIFY THE CALIFORNIA FRATERNAL ORDER OF POLICE IMMEDIATELY UPON ANY CHANGE IN MY STATUS.

I accept the Terms and Conditions.

Release of Membership Status *

I HEREBY AUTHORIZE MY ASSOCIATION TO RELEASE MY CURRENT MEMBER STATUS TO CALIFORNIA FRATERNAL ORDER OF POLICE OR SUBORDINATE LODGE(S) FOR PURPOSES OF MEMBERSHIP. I UNDERSTAND AND AUTHORIZE THE RELEASE OF THIS FORM TO MY ASSOCIATION.

I accept the Terms and Conditions.



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Signature *

[Edit](#)

BY SIGNING, YOU AGREE TO THE TERMS AND CONDITIONS AS SET FORTH ABOVE.