



**OKLAHOMA COUNTY SHERIFF'S OFFICE
FRATERNAL ORDER OF POLICE
LODGE 155**

**APPLICATION FOR MEMBERSHIP (ASSOCIATE)
Reserve Deputy**

To the Officers of the Fraternal Order of Police:

I, the undersigned, a Reserve Deputy Sheriff, employed by the Oklahoma County Sheriff's Office, I do hereby make application for Associate Membership in the Fraternal Order of Police, Lodge No. 155

If my membership should be revoked or discontinued for any cause, I do hereby agree to return to said Lodge my membership card and any other material bearing the F.O.P. insignia, such as auto emblem, label pin, etc.

OATH OF OBLIGATION

I, _____, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police, do most solemnly 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 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 and obligation, I hereby consent to be expelled from the Order.

Signature: _____ Date: _____
DOB: _____ SSN: _____
Address: _____ City and State: _____
Zip: _____ Phone: _____ E-mail Address: _____

AD&D Insurance Beneficiary _____

Associate Member Dues \$15.00 per month \$ _____
Legal Defense: \$16.41 per month for all members *(OPTIONAL)* \$ _____
TOTAL AMOUNT DUE TO BE DEDUCTED EACH MONTH \$ _____

Bank Draft Authorization

I(we) hereby authorize OCSO FOP #155 to initiate debit entries to my (our) () Check () Savings Account (select one) indicated below and the depository named below, hereafter called Depository, to debit same to such account.

Bank Name _____
City _____ State _____
Transit/ABA No. _____ Account# _____

The authority is to remain in full force and effect until OCSO FOP#155 or I give written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Members Signature: _____

(Return this form to any Lodge Officer)