



TRI-COUNTY LODGE #52

P. O. Box 14022 ♦ New Bern, North Carolina 28561 ♦ (252) 633-5389

RETIRED MEMBERSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____

Phones: Home: _____ Work: _____ Cell: _____

Applicant's e-mail address (for sole use by FOP): _____

Agency*: _____

***List agency retired from and attach proof of being a retired law enforcement officer.**

Beneficiary: _____

Relationship: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phones: Home: _____ Work: _____

I, the undersigned, a retired Law Enforcement Officer, do hereby make application for membership in the FOP Tri-County Lodge #52. If my membership should be revoked or discontinued for any cause, I hereby agree to return to said lodge my membership card and other material bearing the FOP insignia.

I understand my application must be approved by the membership of Tri-County Lodge #52. Included with this application is the \$90.00 membership dues, which includes the death benefit OR the \$70 membership dues which does not include the death benefit. Dues are payable annually, on or before October 1st for the following year.

(Signed) _____ Date: _____

The Revenue Act of 1987 requires us to remind you that dues are not deductible as charity contributions but may be deductible as a business or miscellaneous expense.

(NOT to be filled out by Applicant)

Date approved: _____ Membership # _____

Date rejected: _____