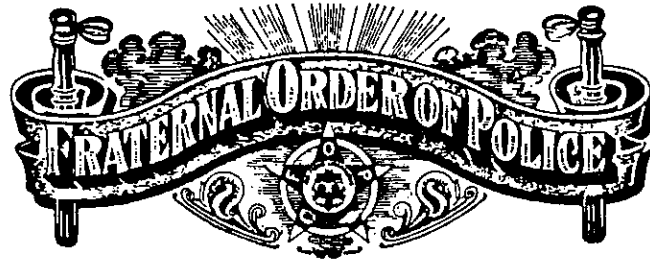


SCHERERVILLE LODGE #170



P.O. BOX 51
SCHERERVILLE, INDIANA 46375

TYPE OF APPLICATION

ASSOCIATE: _____ ACTIVE: _____ DATE SIGNED: _____

I, the undersigned, hereby make application for membership in the Fraternal Order of Police, Schererville Lodge #170, and agree to abide by its Constitution and By-Laws and the Constitution and the By-Laws of the State and National Lodges. Should my membership be revoked, I agree to return to the Secretary of the Lodge all materials furnished to me by the Lodge.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE NUMBER: () _____

CITY: _____ STATE: _____ ZIP CODE: _____

MARRIED: ___ SINGLE: ___ EMPLOYED AT: _____ OCCUPATION _____

APPLICATION. PLEASE MARK ONLY ONE:

- ASSOCIATE MEMBER: NEW \$25.00
- RENEW \$25.00
- HOUSEHOLD \$40.00
(HUSBAND & WIFE)
- BUSINESS \$100.00
- CORPORATE \$250.00
- SENIOR CITIZEN \$15.00
(62 YEARS AND OVER)
- LIFE MEMBER \$1,000.00

SIGNATURE: _____

ACTIVE MEMBER: (LAW ENFORCEMENT ONLY) \$100.00

YEARS CONTINUOUS WITH FOP: _____

SIGNATURE: _____

OFFICE USE ONLY BELOW:

RECOMMENDED AND VOUCHER FOR ON THE HONOR OF BROTHER: _____
WHO IS AN ACTIVE ___ ASSOCIATE ___ MEMBER OF LODGE #170

FEE RECEIVED: _____ INVESTIGATION COMMITTEE MEMBERS

PROPOSED: _____

ELECTED ON: _____

EMBLEM NUMBER: _____

CURRENT SECRETARY:

X _____ DATE: _____
STEVEN MCNAMARA