



Associate Membership Application Fraternal Order of Police

*Red Rose Lodge #16 Lancaster County, Pa
P.O. Box 4884, Lancaster, Pa 17604-4884*

****ALL Applicants MUST be at least 21 years of age****

Name: *(please print)* _____

Address: _____ City _____

State: _____ Zip: _____ Age: _____ Date of birth: _____

Home phone: _____ Cell phone: _____

Occupation: _____

Place of Employment: _____

Have you ever been arrested other than for a minor traffic violation? _____

If YES please explain: _____

***** Associate Membership can be revoked at any time for just cause by majority vote of the active membership during a monthly lodge meeting.***

Should my application be approved and I become an Associate Member of Red Rose Lodge #16, Lancaster County Pa, I hereby promise to adhere to all rules and regulations of Associate Members.

Signature of Applicant: _____

Dues: \$20.00 yr Emblems \$10.00 _____ Window Stickers \$ 1.00 _____

*******Dues Required to be submitted with application*******

Recommended By: (print clearly) _____

Below for Lodge Use Only

Approved: YES _____ NO _____ Date Accepted: _____

Date Paid: _____ Check(No#) _____ Cash: (Amount) _____

NO# Emblems _____ NO# Window Stickers _____

Other Info: _____
