



# Application For Active Membership

## Charleston Metropolitan Lodge #5

### Fraternal Order of Police

[www.scfop5.org](http://www.scfop5.org)

Name: \_\_\_\_\_  
First Middle Last Suffix

Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Work (or Cell) Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender:  Male  Female

Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Email Address: \_\_\_\_\_

Division: \_\_\_\_\_ Duty Title: \_\_\_\_\_

Date Of Application: \_\_\_\_\_ Signature: \_\_\_\_\_

Dues include a \$1<sup>00</sup> yearly voluntary contribution to our state pac. For inquires or to cancel this important contribution call 1-866-347-2367.

**Please Do Not Write Below This Line**

[Membership committee use only]

Approved By: \_\_\_\_\_ Disapproved By: \_\_\_\_\_

Initial dues paid:  Yes  No Date: \_\_\_\_\_ Check #: \_\_\_\_\_

Lodge President's Signature: \_\_\_\_\_

Sponsor of Applicant: \_\_\_\_\_

**Please mail payment and completed application to: SCFOP Lodge 5, 125 Macy Circle, Goose Creek, SC 29445**