



Application For Active Membership
Charleston Metropolitan Lodge #5
Fraternal Order of Police
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 \$1⁰⁰ 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