



APPLICATION FOR ACTIVE MEMBERSHIP

I, THE UNDERSIGNED, A FULL-TIME OR RETIRED LAW ENFORCEMENT OFFICER, EMPLOYED OR RETIRED BY:

(THE **DEPARTMENT** IN WHICH YOU **WORK** OR **RETIRED** FROM)

DO HEREBY MAKE APPLICATION FOR **ACTIVE MEMBERSHIP** IN
HARRIS COUNTY FRATERNAL ORDER OF POLICE, LODGE #39

IF MY MEMBERSHIP SHOULD BE REVOKED OR DISCONTINUED FOR ANY CAUSE, I DO HEREBY AGREE TO RETURN TO SAID LODGE MY MEMBERSHIP CARD AND ANY OTHER MATERIAL BEARING THE F.O.P. INSIGNIA, SUCH AS AUTO EMBLEM, LAPEL PIN, ETC.

OATH OF OBLIGATION

I, _____, IN THE PRESENCE OF THE CREATOR OF THE UNIVERSE AND THE MEMBERS OF THE FRATERNAL ORDER OF POLICE, DO MOST SOLEMNLY PROMISE AND SWEAR, THAT I WILL DO TO THE BEST OF MY ABILITY, COMPLY WITH ALL THE LAWS AND RULES OF THIS ORDER; THAT I WILL RECOGNIZE THE AUTHORITY OF MY LEGALLY ELECTED OFFICERS AND OBEY ALL ORDERS THERE FROM NOT IN CONFLICT WITH MY RELIGIOUS OR POLITICAL VIEWS, OR MY RIGHTS AS AN AMERICAN CITIZEN; THAT I WILL NOT CHEAT, WRONG, OR DEFRAUD THIS ORDER, OR ANY MEMBER THEREOF, OR PERMIT THE SAME TO BE DONE IF IN MY POWER TO PREVENT IT; THAT I WILL AT ALL TIMES AID AND ASSIST A WORTHY BROTHER OR SISTER IN SICKNESS OR DISTRESS, SO FAR AS IT LIES IN MY POWER TO DO SO; THAT I WILL NOT DIVULGE ANY SECRETS OF THIS ORDER TO ANY ONE NOT ENTITLED TO RECEIVE THEM. TO ALL OF WHICH I MOST SOLEMNLY AND SINCERELY PROMISE AND SWEAR. SHOULD I VIOLATE THIS, MY SOLEMN OATH OR OBLIGATION, I HEREBY CONSENT TO BE EXPELLED FROM THE ORDER.

SIGNATURE _____ **DATE** _____

MEMBER'S NAME (PLEASE PRINT) _____

PHONE: WORK _____ HOME _____ CELL _____

SS # (FOR INSURANCE PURPOSES) _____ DOB _____

ADDRESS _____

CITY AND STATE _____ ZIP _____

E-MAIL ADDRESS _____ @ _____ . _____

WITNESS SIGNATURE _____