



William "Bill" Rutherford Lodge #145

Marion County, Florida

Lodge Membership Application

Name (L,F,M): _____

Last 4 of SSN: _____ Date of Birth: ____ / ____ / ____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: (____) _____ - _____ Secondary Phone #: (____) _____ - _____

Email: _____

____ Active Duty ____ Resigned ____ Retired

Agency: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Date Employed: ____ / ____ / ____ Retired/Resignation Date: ____ / ____ / ____

Rank: _____ Division: _____

Supervisor: _____ Phone: (____) _____ - _____

Verification contact person: _____ Phone: (____) _____ - _____

I, the undersigned, a full time or retired, regularly employed Law Enforcement or Corrections Officer, do hereby make application for active membership in the William "Bill" Rutherford Lodge #145. If my membership should be revoked or discontinued for any cause other than retirement while in good standing, I do hereby agree to return to said Lodge my membership card and any other material bearing the F.O.P Insignia or belongings to said Lodge; such as auto emblem, lapel pin, keys, etc. I also understand that the display of any F.O.P. material or the claim of being an active member of the Fraternal Order of Police under stated conditions would be in violation of F.S.S. 817.311

Signature: _____ Date: _____

(Mark one Option only)

____ Active Members \$30.00 per pay period (Includes Fraternal, Legal and Labor if Eligible)

____ Fraternal/Retired: \$125.00 annually

If you are an active member please complete the Payroll Deduction Form and submit with Application.