

Northern Colorado FOP Lodge #3
Colorado Fraternal Order of Police
Fort Collins Police Department Members Only
"Obligation"

I, _____ in the presence of the Creator of the Universe and the members of the Fraternal Order of Police here assembled, do most solemnly and sincerely promise and swear that I will to the best of my ability comply with all the laws and rules of the order; that I will recognize the authority of my legally elected officers and obey all orders therefrom 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 of the secrets of this Order to anyone 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 _____

Application Form

Name _____
Address _____ City _____
State ____ Zip + 4 _____ Date of Birth ____/____/____
Date of Hire _____ Title _____
Personal Phone (____)____-_____
Personal Email Address (MANDATORY) _____

Per our By-Laws: Communications from the Lodge is via personal Email

PLEASE KEEP YOUR LODGE NOTIFIED OF ANY ADDRESS OR PHONE CHANGES

Legal Defense Fund Agreement

To my knowledge, I am not presently named in any suit, action, or proceeding, nor under investigation for a duty related incident, except for the following:
_____.

I hereby apply for enrollment in the FOP Legal Defense Fund. I agree to abide by all the terms and conditions thereof. I understand that no coverage is in effect until this application is approved and accepted by the Legal Defense Fund Administrator. I agree to be truthful when making a claim and I will agree to release all information required by the LDF Directors.

Date _____ Signature _____

RETURN COMPLETED FORMS WITH A CHECK FOR \$65.00 (see note below)

TO: F.O.P. LODGE #3
P.O. BOX 56
FT. COLLINS, CO 80522-0056

RECRUITED BY: _____ { } { } { }

NOTE: Dues are \$65 (\$45 FOP dues & \$20 for the collective bargaining fund) per month and will be deducted from the second payday of the month. Dues are tax deductible.

EFFECTIVE January 1, 2015 current members who pay cash or check dues WILL be required to pay the next full year's dues on or before January 1st. Avoid having to pay the full years' dues by submitting the payroll deduction form.