



East Texas Regional
FRATERNAL
ORDER OF POLICE
Lodge 51

Fraternal Order of Police
East Texas Regional Lodge #51
P. O. Box 6128, Tyler, Texas 75711

Choice Form

1. ___ Lodge Membership only. \$16.50 per month
2. ___ Lodge Membership with TMPA Legal. \$44.50 per month
3. ___ Associate Membership \$10.00 per month
4. ___ Associate Membership/TMPA Legal. \$38.00 per month
5. ___ Retired Membership. \$5 per month
6. ___ Cancellation option. Cancel Membership in FOP Lodge 51

I hereby authorize the deduction of the above checked membership amount from my payroll (TPD only) or bank account each month.

The deduction of my dues as a member of the Fraternal Order of Police will be submitted to the secretary/treasurer of the organization. It is my understanding that any increase or decrease in the amount of the dues deducted from my payroll would necessitate a new authorization by me. I further understand that I may at any time cancel this payroll deduction by signing a deduction form cancellation and authorization.

Printed Name _____

Signature _____

Date _____

Employee Number (TPD Only) _____

East Texas FOP Lodge 51 Obligation and Personal Information Sheet

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 this Order; that I will recognize the authority of my legally elected officers and obey all orders there of 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 the 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 _____

Home Address _____

DOB _____

Phone Number _____

PID #(TMPA only) _____

Department/Employer _____

E-Mail Address _____

DESIGNATED BENEFICIARY TO ANY INSURANCE POLICIES AVAILABLE AS A RESULT OF YOUR MEMBERSHIP IN FOP LODGE 51

Name of Beneficiary _____

Relationship to you _____

Member Signature _____

Date _____