



Don Owens Memorial Lodge #88,
Fraternal Order of Police, Inc.
2010 Associate Membership Application

Type of Membership [] New [] Renewal	Associate (\$25.00)
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Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (Zip)

Date of Birth ____ / ____ / ____

Home Phone _(____) _____ Cell Phone _(____) _____

Work Phone _(____) _____ E-mail _____

Recommended by _____

Occupation or Company Name _____

Please list skills, talents and/or certifications that you would be willing to provide to the Lodge.

I hereby agree to abide by the Constitution and By-Laws of the Don Owens Memorial Lodge #88, Fraternal Order of Police, Inc.

Signature _____ Date _____

PLEASE INCLUDE PAYMENT WITH APPLICATION. [] Check [] Cash

Approval Date: _____

Remit to:
Don Owens FOP #88
PO Box 1561
Bloomington, IN 47402

www.fop88.org