



# APPLICATION FOR ACTIVE MEMBERSHIP

## SOUTH CAROLINA FRATERNAL ORDER OF POLICE

WWW.SCFOP.ORG

**NAME:** \_\_\_\_\_  
FIRST MIDDLE LAST SUFFIX

**ADDRESS:** \_\_\_\_\_  
NUMBER STREET CITY ZIP

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**SEX:**  MALE  FEMALE **TYPE OF SERVICE:**  LE1  CORRECTIONS  FEDERAL

**EMPLOYER:** \_\_\_\_\_ **HOW LONG?** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
NUMBER STREET CITY ZIP

**DIVISION:** \_\_\_\_\_ **DUTY TITLE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

----- *DO NOT WRITE BELOW THIS LINE* -----

**MEMBERSHIP COMMITTEE USE ONLY:** \_\_\_\_\_

**SPONSOR OF APPLICANT:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DISAPPROVED BY:** \_\_\_\_\_

**INITIAL DUES PAID**  YES  NO **DATE:** \_\_\_\_\_ **CHECK #** \_\_\_\_\_

**LODGE PRESIDENT'S SIGNATURE:** \_\_\_\_\_