



APPLICATION FOR MEMBERSHIP

South Carolina Fraternal Order of Police: Pee Dee Lodge #25
Post Office Box 1543 Darlington, South Carolina 29540 (843) 496-3415

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: _____

Dues include a \$1.00 yearly voluntary contribution to our State PAC. For inquires or to cancel this important contribution call 1-866-347-2367.

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: _____