



Show Me Lodge #100 - Membership Application/Renewal

MEMBER TYPE: (Check Only One)			
<input type="checkbox"/> FULL TIME LAW ENFORCEMENT OFFICER (Dues \$600.00 per year or \$50.00 monthly)	<input type="checkbox"/> RETIRED MEMBER (Dues \$55.00 per year)		
AGENCY NAME:	RANK:	DATE OF HIRE:	
LAST NAME:	FIRST NAME:	MI:	SUFFIX (Jr. Sr. III):
PERSONAL MAILING ADDRESS:	CITY:	STATE:	ZIP:
HOME TELEPHONE:	WORK TELEPHONE:	CELL NUMBER:	
LAST #4 DIGITS OF SSN:	PERSONAL EMAIL ADDRESS:		
DATE OF BIRTH:	BENEFICIARY:	BENEFICIARY RELATIONSHIP TO MEMBER:	
NUMBER OF DEPENDANT CHILDREN UNDER 19:		NUMBER OF DEPENDANT CHILDREN AGES 19-21 STILL IN SCHOOL:	

I HAVE COMPLETED THE AUTOMATIC WITHHOLDING FORM AND AGREE TO HAVE THE MISSOURI FRATERNAL ORDER OF POLICE AUTOMATICALLY DEDUCT THE MONTHLY DUES OF \$50.00 FROM MY ACCOUNT ON THE 1ST OF EACH MONTH.

Retired members should still write one check for the yearly dues amount of \$55.00, payable to the Missouri FOP.

ACH WITHHOLDING FORM IS ATTACHED

Member Signature: _____ Date: _____

Signature constitutes acceptance of the Membership Oath of Obligation (as attached)

Submit application and paperwork by any of the following:

Mail: **Missouri State Fraternal Order of Police**
715 Jefferson Street, Jefferson City, MO 65101

Email: curtisfinkefop@gmail.com or jeremywade174@gmail.com or slcopper@aol.com

For more information email info@mofop.org or visit us at www.mofop.org