

Weber Fraternal Order of Police – Lodge 1

Application for auxiliary member form



Name:		Date:	
Address:			
City:		Zip Code:	
DOB:	B: Phone #:		
Related to:	Department:		
Email:			
EMAIL <u>CANNOT</u> BE A WORK EM	1AIL		
Fees will be assessed for late/m	te the lodge secretary of any nissed payments. By submitti	updated information (i.e., email/ang this form, you agree to follow al	ddress/intentions on withdrawing membership). Il applicable bylaws.
Per year: \$10.00			
Please contact the Lodge Se	cretary for any questions	regarding membership. <u>Secreta</u>	ry@weberfop.org
I agree to pay the Weber Fraternal Order of Police.	Fraternal Order of Polic	e, Auxiliary lodge, for the cu	rrent dues amount for membership in the
Weber Fraternal Order of C/O Auxiliary Lodge Secre P.O. Box 13000	_		Date:
Ogden, Utah 84404	Signatur	e:	
	want to send checks to	the lodge for payment (I am	responsible to make sure the lodge is paid)
□ 1·	want the lodge to bill m	ne electronically (surcharge for	r card processing)
*********	******* LODGI	E SECRETARY DOCUMENTATION*****	*****************
Dates: Received:	Paid:	Entered:	Card Issued:
Notes:			