

# Membership Application



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Non-County E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Present Assignment and Shift: \_\_\_\_\_

TCOLE PID#: \_\_\_\_\_

Deputy: \_\_\_\_\_ DSO: \_\_\_\_\_ Civilian/Clerk: \_\_\_\_\_ Other/Specify: \_\_\_\_\_

**Membership status with FOP is as follows:** Active members are full time sworn Deputy Sheriffs and Police Officers (licensed by TCOLE as peace officers). Associate members are full time and part time law enforcement employees (Detention Officers, Reserve Deputies, Security and Emergency Management Officers, Secretaries, Clerks, etc.). All members are covered and have the same benefits regardless of rank or designation.

**Do you have any active or pending disciplinary cases against you at this time?** \_\_\_\_\_ If yes, be advised that our attorney handles only those cases that occurred after joining the lodge.

I, the undersigned, agree to abide by the constitution and By-laws of the Dallas County Sheriff's Fraternal order of police Lodge #85 and agree that if my membership should be revoked or discontinued for any cause other than retirement while in good standing, I do hereby agree to return to said Lodge my membership card and any other material bearing the FOP insignia, such as auto emblem, lapel pin, etc.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_