FRATERNAL ORDER OF POLICE

JOHN MARSHALL LODGE NUMBER TWO
P. O. BOX 24353
RICHMOND, VIRGINIA 23224
(804) 233-0523

PETITION FOR INITIATION AND MEMBERSHIP

Date _____ Email _____

Name (Last, First & Middle) _____

Present Address (Street) _____

(City/County) _____ (Zip) _____

Previous Address (Street) _____

(City/County) _____ (Zip) _____

Birth Date _____ Place of Birth _____

Home Phone _____ Cell Phone _____

Present Employer _____

Employer Address _____

Date Employed _____ Rank _____ Code # _____

Prior Police Experience (Agency Name) _____

Spouse's Full Name _____

Spouse's Occupation _____ Number of Children _____

I do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of America. Further, that I have never engaged in disloyal or subversive activities against the United States of America.

Recommended by:

Print Name _____ **Signature** _____

Print Name _____ **Signature** _____

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Have you ever made Application to this or any other Fraternal Order of Police Lodge? _____ If Yes, then state the:

Name of the Lodge, Location, Date, and the Result of your Application

_____

Signature of applicant: _____

DO NOT WRITE BELOW THIS LINE

Remarks by membership committee

_____
_____
_____
_____

Accept _____ **Reject** _____

_____
Chairman, Membership Committee

Fee: Yes _____ **Amount $**_____ **No** _____

Accepted Date _____ **Installation Date** _____

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WAGE ASSIGNMENT

I hereby request that the Director of Finance of the City of Richmond deduct per pay period from my salary an amount equal to that certified from time to time in writing by the Fraternal Order of Police, John Marshall Lodge #2 as the membership dues for that organization applicable to such pay period.

I further request that this assignment become effective for the pay period beginning (as indicated), and that it continue until such time as I notify the Director of Finance, in writing, that I wish to discontinue such assignment or until such time I am no longer employed by the City of Richmond, Virginia.

I further release and discharge the City of Richmond, its officers and employees from any responsibility for the said assignment or correctness of the certification referred to herein.

Print Name _____

Signature _____

Date _____

POSS Employee Number _____