



***W.L. "Sparky" O'Cain Lodge #3, Inc***  
***Fraternal Order of Police***

*2465 Heath Rd*

*Macon, GA 31206*

*Ph. # 478.388.1021 Email lodge3gafof@gmail.com*

**APPLICATION FOR MEMBERSHIP/MEMBERSHIP UPDATE**

Please fill out completely and legibly)

\_\_\_\_\_  
Last Name First Name Middle Initial CELL Phone

\_\_\_\_\_  
Street Address Work Phone

\_\_\_\_\_  
City, State, Zip Year Joined FOP

\_\_\_\_\_  
EMAIL **NOT AGENCY** PERSONAL ( FOR YOUR SAFETY)

\_\_\_\_\_  
DOB for Insurance Purpose SSAN for Ins Purpose

\_\_\_\_\_  
Law Enforcement Agency Retired (yes or no) date retired

Sponsored By Which Member: \_\_\_\_\_

**BENEFICIARY Information ( Please Complete even if same as before)**

\_\_\_\_\_  
Name of Beneficiary #1 Relationship SSAN

\_\_\_\_\_  
Complete Street Address DOB Phone#

\_\_\_\_\_  
Name of 2nd Beneficiary Relationship SSAN

\_\_\_\_\_  
Complete Street Address DOB Phone#

**TYPE OF MEMBERSHIP (CIRCLE ONE)**

ACTIVE MEMBER	\$75.00 PER YEAR
RETIRED MEMBER	\$50.00 PER YEAR
ASSOCIATE MEMBER	\$100.00 PER YEAR
LOCAL DEATH BENEFIT FUND	\$10.00 <b><u>PER MEMBER DEATH</u></b>

**Dues must be paid by January 31 for members to remain in GOOD STANDING.** Please keep your contact and beneficiary information updated.

SIGNATURE OF APPLICANT \_\_\_\_\_

MAKE CHECK PAYABLE TO THE FRATERNAL ORDER OF POLICE LODGE #3