IL FOP CORRECTIONS LODGE 263

Associate Member Application Form

Please complete and return with $36 annual dues form. Applications will not be processed until payment has been received and sponsorship has been verified or background check payment recieved.

Applicant Information:

Full Name:

Street Address:

City: State: Zip Code:

E-Mail Address: Phone Number:

Employer: Profession or Occupation:

NEW MEMBERS* - SPONSOR INFORMATION/BACKGROUND CHECKS: To be granted Associate membership, all applicants must have an eligible sponsor or agree to undergo a background check by the Lodge. An eligible sponsor is **an IL FOP Corrections Lodge 263 member (full-time, Corrections law enforcement professional**) who recommends the applicant for Associate membership.

In lieu of a sponsor, background checks are $16, payable by the applicant and remitted by MAIL at the time of application. All information is held in the strictest confidence. For background check applicants we will hold the submission of the dues deduction until it has cleared.

Sponsor Full Name: Sponsor Lodge Name and/or Number: IL FOP Corrections 263

Sponsor E-mail: Sponsor Phone Number:

* **NEW MEMBERS** are those who have never applied for membership or those who were removed or had not renewed their membership.

AFFIRMATION: I, the applicant, hereby make application to join the Fraternal Order of Police, IL FOP Corrections Lodge 263 Associate membership program. I hereby state that I am a citizen of good repute of the United States of America. I further swear or affirm that I have never been convicted of a felony and have never been a member of any subversive or un-American organization. I **AGREE**, if found qualified, to abide by all laws, rules and regulations of the FOP National,State and Local, providing they do not conflict with my religion or rights as an American citizen. I further agree that the auto decal and any other property bearing the Local, State or National FOP logo are the property of the Lodge and are for use by current Associate members only. These items can be recalled by the Lodge for misuse, nonpayment of dues, or other valid reasons.

☐ I have read and agree to the above stated affirmation. (Please check box)

ADDITIONAL INFORMATION OR COMMENTS?

Summary

Associate Membership Dues Annual $36	$ 3 Monthly
Paid by Dues Deduction/auto renews annual	
Additional Donations and Purchses can be made	
on ILFOP263.com Merchandise Store	

Background Payment Option

◯ Check (print background application & send with check payable to IL FOP 263

◯ IL FOP 263 4341 Acer Grove # B Springfield IL 62711

- OFFICE USE ONLY -

☐ Approved

☐ Denied

President's Signature Date

Background Required Applicant

Print and send completed Background application and $16 to:
IL FOP Corrections 263 4341 Acer Grove, Suite B Springfield, IL 62711