



**Application for Active Membership**

**South Carolina  
Fraternal Order of Police  
Central Carolina Lodge #31  
311 N. Main St.  
P.O. Box 1181  
Sumter, SC 29150**

**Name:** \_\_\_\_\_

First Middle Last Suffix

**Address:** \_\_\_\_\_

Number Street City Zip

**(H) Phone:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female**

**(C) Phone:** \_\_\_\_\_ **Type of Service:** \_\_\_\_\_ **LE1** \_\_\_\_\_ **Corrections** \_\_\_\_\_ **Federal** \_\_\_\_\_ **Retired**

**Employer:** \_\_\_\_\_ **How Long:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Number Street City Zip

**Division:** \_\_\_\_\_ **Duty Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please provide your personal email address not your departmental address.

Dues include a \$1.00 yearly contribution to our State PAC fund. For Inquiries or to cancel this important contribution call 1-800-347-2367

**Date of Application:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

-----Do Not Write Below This Line-----

**Membership Committee Use Only:** \_\_\_\_\_

**Sponsor of Applicant:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Disapproved By:** \_\_\_\_\_

**Initial Dues Paid:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Check#:** \_\_\_\_\_

**Lodge President's Signature:** \_\_\_\_\_