Revision Date 2/14/2023



INSTRUCTIONS FOR COMPLETION OF LODGE MEMBERSHIP APPLICATION FORM

ACTIVE MEMBERS:

• Please provide specific employer information that qualifies you for active membership under section "Occupation". IE: Officer, York Area Regional Police or Special Agent, Federal Bureau of Investigation NOT simply Police Officer or Federal Agent.

• Per National, State and Local By-laws active members must be full time and receive their salary from a government entity. (this excludes private university police for example)

• Application must be signed by two Active Members who recommend

• Yearly dues are \$100.00

ARTICLE III Membership

Section 1. Any full time police officer employed by any Borough, Township, or Regional Police Commission in the County of York or any regularly appointed and full time employed Police Officer or Deputy Sheriff of the County of York, Law Enforcement Agent of the Federal Government, Commonwealth of Pennsylvania or The Pennsylvania State Police shall be eligible for membership, subject to the Provisions of the Constitution and By-Laws of the Order. No person shall be denied membership on account of Race, Creed, Color, Sex or National Origin.

Section 4. No person shall be eligible for active membership in this lodge while being a member of any other lodge nor shall any person be eligible for membership if the person is delinquent or suspended by another state or lodge for any reason until such delinquency or suspension has been lifted. Application must be signed by two Active members to recommend applicant.

ASSOCIATE MEMBERS:

Application must be signed by two Active members who recommend

Associate applicants must acquire a background check from the Pennsylvania State police. The Web Address Is: <u>https://epatch.pa.gov/home</u>
This must be submitted with your application unless you are an Active Member from another lodge.

• Yearly dues are \$30.

Revision Date 2/14/2023

MEMBERSHIP APPLICATION

YORK COUNTY LODGE 73 POLICE HOME ASSOCIATION AND LODGE 73

APPLICATION FOR ACTIV	E MEMBERSHIP APPLICATION F	OR ASSOCIATE MEMBERSHIP
(ACTIVE MEMBERSHIP I	S IN BOTH THE LODGE AND HOME ASSOCIATION. ASSOCIAT	
	APPLICANT INFORMATION	
Name:		Phone: Home
Name.		Cell
Date of birth:	PA Driver's License Number: OLN:	Email Address
Current address:	I	I
City:	State:	ZIP Code:
	EMPLOYMENT INFORMATIO	N
Current employer:		
Position:		
Employer address:		
City:	State:	ZIP Code:
	RECOMMENDED BY	
Name Printed	Signature	Phone
/	FEE ENCLOSED	
ACTIVE \$100		ASSOCIATE \$30
	SIGNATURE	
I authorize the verification of the background check from the PSP.	e information provided on this form. If an applicant . (see instructions attached)	for Associate Membership I have enclosed a
Signature of applicant:		Date:
property of York Cou	derstand that your associate/act inty Lodge 73 and can be recalled se, non-payment of dues, or any	at any time, by this
	FRATERNAL ORDER OF POLIC P.O.BOX 3097 YORK, PA 17402	E LODGE 73