

Gary Indiana



Ben K. Perry Lodge #61
P.O. Box 64762
Gary, Indiana 46401
www.garyfop.com

APPLICATION FOR MEMBERSHIP

I, the undersigned, hereby make application for membership in the Fraternal Order of Police, Gary Lodge #61, and agree to abide by its constitution and by-laws. Should my membership be revoked, I agree to return to the Secretary, the emblem and card furnished by the Lodge.

Name: _____ SSN: _____

Address: _____

Phone #: _____ E-mail: _____

Age: _____ DOB: _____ Married: _____ Single: _____ (check one)

Place of Employment: _____ Title: _____

Beneficiary: _____ Relationship: _____

Signature Date

Recommended and vouched for on the honor of member: _____

FOR LODGE USE ONLY

Fee received: _____ Investigative Committee Members

First reading: _____

Second reading: _____

Initiated on: _____



**Gary Indiana Fraternal Order of Police Ben K. Perry Lodge #61
\$15.00 withdrawal from second check each month**



PAYROLL DEDUCTION FORM

Pursuant to this authorization and assignment, please deduct from my pay each month, while I am in employment with the Police Department of the City of Gary and Member of Lodge #61, yearly dues, as determined by the by-laws and constitution.

The aforesaid membership yearly dues, shall be remitted promptly by the City of Gary, to Financial Secretary of Lodge #61, Gary, Indiana, or its successor.

The assignment and authorization shall be effective commencing on the ____ day of _____, 20____, and cannot be cancelled for a period of one (1) year from the date appearing above and shall remain in full force and effect, unless cancelled in writing on or before the 31st day of December, to commencing during the succeeding year.

Member's Name (printed)

Social Security Number

Member's Signature & Date

Received by & Date (city finance)



Authorization for Representation
Indiana Fraternal Order of Police Labor Council, Inc & Lodge #61

I, the undersigned, designate the Indiana Fraternal Order of Police Labor council, Inc. as my duly authorized representative on all matters relating to my wages, hours and conditions of employment in order to promote and protect my economic welfare. Pursuant to this authorization and designation, please deduct from my pay each month, while I am in employment with the Police Department of the City of Gary the amount equal to 1/2 hour of 1st class patrolman's pay.

Name (last, first): _____

Home Address: _____

Phone: _____ City: _____ ZIP: _____

Classification/Rank: _____

Department: _____

Signature: _____ Date: _____