



FRATERNAL ORDER OF POLICE

Prince George's County Lodge 89, Inc.

P.O. Box 510
Lothian, MD 20711
301-952-0882

Angelo L. Consoli, Jr.
President

Benefits for Associate Members, Membership Secretary Juan Hunt
\$65.00; Annual Dues Plus First Time Applicant Fee

Associate Membership-Please **completely** fill out and sign the enclosed Associate Membership Application and forms. **Incomplete applications and forms will be returned.** You **must** have your application **and** your sponsor addendum signed by an Active or Retired Prince George's County Police Officer. Please return **All** of the completed items listed below to the FOP 89:

The Completed Associate Application

- 1) **Associate Membership Sponsor Addendum Form**
- 2) **The Completed Background Authorization Form**
- 3) **A Copy of your Driver's License**
- 4) **\$65.00 at fop89.org/store, or Credit Card, or Check**
made out to FOP 89 for your dues and administrative fee.
Associate dues is paid for the calendar year.
Renewal payments are due each January.
A Credit Card Fee is added to your payment at checkout.

The mailing address for **FOP Lodge 89 is PO Box 510, Lothian, MD 20711.**

Once your application is approved, a membership card and FOP window stickers will be sent to you. Associate Membership is per Calendar year, regardless of when you sign up. Each calendar year when your membership is renewed, a new membership card and stickers will be sent in return.

FOP Facilities – Associate members are eligible and welcome to use the Lodge facilities. Rental of the Banquet Hall and Field / Pavilion are available to fop89 Associate members for family functions such as birthday parties, weddings, receptions and family reunions, etc. Special pricing is available for seminars hosted during the day, Monday through Thursdays. A discount is given to members for immediate family functions only.

Associate members are also granted access to the FOP Lounge. Associate members are allowed to bring a guest to the Lodge. **However, the guest must accompany members at all times.** Members are responsible for the conduct of their guest. Any infraction of the member or their guest can result in the loss of privileges and/or membership. The FOP 89 Lounge opens at 2pm Monday through Friday and 6pm on Saturdays. The Lounge is closed on Sundays.

FPA License Tag Program - FPA series tags may be obtained after **one full year of Associate Membership has been completed** and the second-year membership is paid in January. Information on how to obtain the tags will be provided in the letter you receive with your second year membership materials.

The FOP Dental Plan -The FOP offers Dominion Dental Plan as the sole provider of dental benefits to our members. Office visits, x-rays, and some fillings at no charge and major services such as extractions, root canals, crowns and bridge work at a reduction. The open enrollment period each year for the Dominion Dental Plan is November to be effective January 1st. New Associate members can join the Dominion Dental plan within thirty (30) days after their Associate Application is approved.

For further information, contact Pam Moore at FOP 89 301-952-0882 or Pam.Moore@fop89.org

ASSOCIATE MEMBERSHIP SPONSOR
ADDENDUM

Effective 8/21/20

This form **must** be signed by the Active or Retired FOP 89 Member who is sponsoring the Associate Member in addition to the signature on the membership card. This form has been created to prevent potential associate members from “fishing” for a sponsor signature.

Associate Applicants Full Name _____

By signing this form, the Active or Retired FOP 89 Member affirms:

1. They have a basis of knowledge as to the character and temperament of the potential associate member.
2. They will, with no reservation, vouch for the potential associate member.
3. If, at any time, the Active or Retired Member becomes aware of any situation that would change their sponsorship, they are encouraged to contact the FOP Lodge 89.

Sponsor's Full Name and ID#: _____

Signature: _____

FOP Lodge 89
Authorization Form for Associate Members and Applicants for Employment
All Information Is **REQUIRED** for the Background Check!

Authorization Form

After carefully reading this Background Check Disclosure and Authorization form, I authorize the FOP Lodge 89 to procure a background check report on me that is prepared by a consumer reporting agency. I understand that, if I am accepted as an Employee of FOP Lodge 89 and/ or an Associate Member, FOP Lodge 89 may rely on this authorization to procure additional background check reports during and throughout my membership without asking for my authorization again.

I also authorize the following entities to disclose to the consumer reporting agency and its agents all information about or concerning me, including, but not limited to: law enforcement and all other federal, state and local agencies; federal, state and local courts; and, any other person, organization or agency with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, drug test results, military service, professional credentials, and all other information requested by the consumer reporting agency or its agents.

I promise the information I provided on this form is true and correct. I understand that dishonesty will disqualify me from consideration for Employment and / or Associate membership with FOP Lodge 89, or if I am accepted, ***that I may be removed as a member.***

I agree that a facsimile or photocopy of this form may be used in lieu of the original.

Last Name _____ First _____ Middle _____

Any Previous names (i.e. maiden name)

Last Name _____ First _____ Middle _____

Present Address _____

City/State/Zip _____

Previous Address: _____

City/State/Zip _____

Social Security Number _____ **Mothers Maiden Name:** _____

FOR IDENTIFICATION PURPOSES ONLY: **Month** and **Day** and **Year** of **Birth** _____

Signature

Date

ASSOCIATE MEMBER
Application

Year Joined

FRATERNAL ORDER OF POLICE
Prince George's County Lodge 89, Inc.

Name _____
Last Jr/Sr First M.I.

Address _____ Date of Birth ____/____/____

City _____ State _____ Zip _____

Email _____ Cell Phone _____

Sex _____ Marital Status _____ Spouse's Name _____

Occupation _____ Employer's Phone _____

Employer _____

Employer's Address _____

Sponsor _____
Printed name and ID Signature and ID Approved by date

(must be signed by an Active or Retired Prince George's County Police Officer)

I fully understand that my acceptance as an Associate Member in FOP Lodge 89 in no way exempts me from adhering to the law or entitles me to any special treatment under the law.

I do not have any objection to a thorough criminal back ground investigation or driving record investigation by FOP Lodge 89 through Lexis Nexis. I have filled out and attached the required background investigation authorization form for Associate Members.

I do fully understand that FOP Lodge 89 is a private members only club and FOP Lodge 89 has the authority to revoke the privilege at any time without recourse.

I swear that this statement is true and correct to the best of my knowledge and in accordance with the above information do hereby set my hand.

X _____ Date of Application ____/____/____
Applicant Signature

INCOMPLETE
Association Application
Paperwork
will be RETURNED!

Paperwork Must Also
Include:
Picture ID and
Your payment or
Receipt of Payment

All Applicants are Subject to
a Background Check!

*Associate Membership
is Per Calendar Year*