



**MEMBERSHIP ENROLLMENT for the
FRATERNAL ORDER OF POLICE
NEBRASKA PROTECTIVE SERVICES LODGE 88**

NAME: _____
(PRINT)

HOME ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE NUMBER: _____

HOME EMAIL: _____

JOB CLASSIFICATION: _____

FACILITY YOU WORK: _____

TODAY'S DATE: _____

I hereby make my voluntary written individual authorization order to the employer; the employer shall deduct from my pay the dues required for membership and such dues be remitted to the FOP 88. Current dues are 1.25 percent of base pay per pay period or Step 1 of the State of Nebraska Corrections Corporal Pay Line (Total Hourly Pay), per pay period, whichever is less.

SIGNATURE: _____

OBLIGATION

I _____ swear or affirm and do promise to the members of the Fraternal Order of Police, that I will to the best of my ability comply with all the laws and rules of the order; I will recognize the authority of my legally elected officers and obey all orders not in conflict with my religious or political views, or my rights as a citizen of the United States of America; I will not cheat, wrong or defraud this order, any member of this order, or permit the same to be done if I can prevent it; I will always aid and assist a worthy brother or sister in sickness or distress within my power to do so; I will not divulge any secrets of this order to anyone not entitled to receive them. Should I violate this oath or affirmation, I hereby consent to be expelled from the order.

Printed Name

Date

Signature