

**Clark County Fraternal Order of Police Lodge 181
P.O. Box 490
Charlestown IN, 47111**

Invoice

Full Name: _____

2015 FOP Lodge Membership Dues

Instructions: Please complete and remove the lower portion of this form and return with your 2015 membership dues payable to: Clark County FOP Lodge 181.

2015 Membership Fees *(check ONE):*

- | | | |
|--------------------------|---|----------------|
| <input type="checkbox"/> | Active Member (Full Time Officer) | \$60.00 |
| <input type="checkbox"/> | Special Active Member (Reserve Officer, Corrections, Etc.) | \$60.00 |
| <input type="checkbox"/> | Associate Member (Family, Relatives, Friends) | \$25.00 |

If you have any questions about membership status, please come to a meeting. Meetings are held on the second Tuesday of each month at 6:00 PM at the Lodge

Date Paid _____

Check Number _____

Amount Paid _____

Member/Associate Information:

Name: _____

Address: _____

City _____

E-Mail _____