

**Larry Bush**  
President  
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Vice President  
**Joe Lannan**  
Secretary  
**Steve Foster**  
Treasurer

# DEPUTY SHERIFF'S F.O.P. LODGE 25

P.O. Box 17127  
Louisville, KY 40217  
Phone: (502)637-3371  
Fax: (502)693-3930



## Jefferson Co. Kentucky

### APPLICATION FOR ASSOCIATE MEMBERSHIP Fraternal Order of Police Deputy Sheriff's Lodge No. 25

**I hereby make application for an associate membership in the Deputy Sheriff's Lodge 25, located in Jefferson County, Kentucky.**

(Please Print)

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For How Long: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Are you a Reserve Deputy with the Jeff. County Sheriff's Office: \_\_\_\_\_ Y \_\_\_\_\_ N

Present Occupation: \_\_\_\_\_

Employed By: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Dues should accompany application - \$30.00 checks should be made payable to FOP Lodge 25 and mailed to P.O. Box 17127, Louisville, KY 40217

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#### To be completed by office

Date Submitted to Lodge: \_\_\_\_\_ Date Submitted to membership Committee: \_\_\_\_\_

Opinion Of Commttee: Accepted \_\_\_\_\_ Rejected: \_\_\_\_\_

Signature of Authorized Officer: \_\_\_\_\_