



**FRATERNAL ORDER OF POLICE  
GAINESVILLE/HALL COUNTY LODGE # 41  
APPLICATION FOR MEMBERSHIP**

(Revised 01-01-2026)

**Check One**

- I, the undersigned, a full-time, regularly employed law enforcement officer, do hereby make application for Active Membership in the Gainesville/Hall Co. Lodge #41 Fraternal Order of Police.
- I, the undersigned, do hereby make application for Associate Membership\*\* in the Gainesville/Hall Co. Lodge #41 Fraternal Order of Police.

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Agency: \_\_\_\_\_

**No Agency Email Address**

**Active/Associate membership** – Lodge Membership dues are **\$50** per year. Payment is due at the time of application submission. Payments can be submitted by cash, check or website via credit card. Visit [www.fop41.com](http://www.fop41.com), click membership then click membership renewal to submit your payment.

Members joining after September 30<sup>th</sup> of any year will become members upon acceptance by the lodge, their dues will be applied to the following year.

You are strongly encouraged to enroll in the F.O.P. Legal Defense Plan. It is owned by the FOP and is governed by a board of FOP members. Members can enroll directly with the Plan Administrator, The Hylant Group, at an annual cost of **\$396** per year by going through their website at [www.foplegal.com](http://www.foplegal.com). Civil and Criminal only coverage is available at the annual rate of **\$84**. The Plan also offers HR 218 coverage for retired officers at a cost of **\$75** per year. Legal Plan brochures are available at Lodge 41. If you need assistance obtaining coverage please contact a local lodge officer.

Send application and dues to **Gainesville/Hall Co. FOP Lodge 41, PO Box 2502, Gainesville, GA 30503-2502**.

\*\*Associate members have access to FOP legal plan and can attend member events. They are not eligible to vote or entitled to the Life Insurance. If associate member becomes POST certified, they will automatically become active members.

Conditions of membership, including dues rates, are subject to change.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

Approved by Lodge Date: \_\_\_\_\_ Secretary Attest: \_\_\_\_\_

Added to National Roster Date: \_\_\_\_\_

**Fraternal Order of Police**  
**Gainesville/Hall County Lodge 41**  
**P.O. Box 2502 Gainesville, Ga. 30503**  
**Foplodge41ga@gmail.com**

I, \_\_\_\_\_, a full-time, regularly employed law enforcement officer or retired law enforcement officer, agree to be bound by the following obligation of the Order:

**OATH OF OBLIGATION**

I, \_\_\_\_\_, in the presence of the Creator of the Universe, do most solemnly and sincerely promise and swear, that I will, to the best of my ability, comply with all the Laws and Rules of this Order: that I will recognize the authority of my legally elected officers and obey all orders there from, not in conflict with my religious or political views, or my rights as an American Citizen: that I will not cheat, wrong or defraud this order, or any member thereof, or permit the same to be done if in my power to prevent it: that I will at all times aid and assist a worthy Brother or Sister in sickness or distress, so far as it lies in my power to do so: that I will not divulge any of the secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely swear. Should I violate this, my solemn oath and obligation, I hereby consent to be expelled from this Order.

I also am not associated with or a member of any party / organization regardless of what name known which advocates the abolition, destruction, or violent overthrow of the United States or any state or political subdivision thereof.

I have read and understand the Oath of Obligation of the Fraternal Order of Police as stated above. I have affixed my signature below as receiving and agreeing to such obligation, also I hereby agree to return to the lodge my membership card and any other materials bearing the Fraternal Order of Police (F.O.P.) insignia if instructed to do so by a member of the Lodge Executive Board.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Lodge President: \_\_\_\_\_ Date Received: \_\_\_\_\_

Signature of Lodge Vice President: \_\_\_\_\_ Date Received: \_\_\_\_\_

*Gainesville/Hall County Lodge #41*

*PO Box 2502*

*Gainesville, GA 30503-2502*

I \_\_\_\_\_ Employee # \_\_\_\_\_,

(Printed Name)

Authorize Hall County to withhold dues in the amount of **\$2.10** per pay period for 24 pay periods per year and submit them to Gainesville/Hall County FOP Lodge 41 on my behalf.

---

Signature of Employee

---

Date

This form supersedes any previous payroll deduction forms submitted.

Payroll deductions will begin the first payroll cycle after Human Resources receives this form.

Secretary Jennifer Watt will submit form to Hall County Payroll.

