



## APPLICATION FOR AUXILIARY MEMBERSHIP

### River City Fraternal Order of Police Auxiliary 614

6204 Price Lane  
Louisville, Kentucky 40229  
502-968-0117

Name: \_\_\_\_\_

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

City/St/Zip: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_

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

I, \_\_\_\_\_, do hereby request membership to River City Fraternal Order of Police Auxiliary 614. I certify that I am an adult family member, over the age of 18, of

(Officer's Name) \_\_\_\_\_

Relationship to Officer: \_\_\_\_\_ Circle one: Active Retired Deceased

By signing, I certify that I have not been convicted of a felony or misdemeanor involving force, violence or moral turpitude.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If requested in writing by the current RCFOP 614 Secretary, I will provide a copy of an up-to-date criminal background check, and will do so at my own expense.*

- New Member Fee \$30      Payment Type: (Circle One) Check    Cash    Credit Card  
 Annual Dues Renewal Fee \$25      Payment Type: (Circle One) Check    Cash    Credit Card

**Credit Card Payment:** (Circle One) Visa    Mastercard    Discover    Card #: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_  
Billing Zip Code: \_\_\_\_\_

<b>For Office Use Only:</b>			
ACCEPTED	REJECTED	DATE: _____	APPROVED BY: _____
Dues card issued:			
2016	Card # _____	2018	Card # _____
2017	Card # _____	2019	Card # _____

*Please allow 4-6 weeks for processing.*