



Office: 3130 North Fwy; Houston, Texas 77009
 P: 713-659-0005
 Email Form to: info@hcdo.com
 www.hcdo.com



HARRIS COUNTY DEPUTIES' ORGANIZATION FOP LODGE 39
MEMBERSHIP APPLICATION
THE VOICE OF HARRIS COUNTY LAW ENFORCEMENT
ANY PREEXISTING ISSUES PRIOR TO MEMBERSHIP MAY NOT BE COVERED AND
ARE SUBJECT TO A FEE OF \$5000 OR MORE

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR MEMBERSHIP RECORDS. NO PERSONAL INFORMATION WILL BE RELEASED

LAST NAME:		FIRST NAME:		MI:
MAILING ADDRESS:			DOB:	
CITY/STATE:		ZIP:	PHONE:	
PAYROLL ID (EIN):	PERSONAL EMAIL:		DATE:	
DEPARTMENT: _____		RETIRED: _____		RESERVED: _____
MARK ONE: <input type="checkbox"/> PEACE OFFICER <input type="checkbox"/> DETENTION OFFICER <input type="checkbox"/> COMMS OFFICER <input type="checkbox"/> CLERK				
CHECK ALL THAT APPLY:				
_____ DUES \$35 A MONTH \$17 A MONTH RESERVE \$100 A YEAR RETIREE				
_____ PAC FUND – I AUTHORIZE HCDO POLITICAL ACTION COMMITTEE TO DEDUCT FROM MY PAYCHECK: \$ _____				
_____ ASSIST THE DEPUTIES FUND – I AUTHORIZE HCDO ADF TO DEDUCT FROM MY PAYCHECK: \$ _____				
_____ CONCERNS OF POLICE SURVIVORS – I AUTHORIZE A DONATION TO C.O.P.S. TO BE DEDUCTED FROM MY PAYCHECK: \$ _____				

I do hereby make this application for active membership in HCDO FOP 39. If my membership should be revoked or discontinued for my cause, I do hereby agree to return to said Lodge, my membership card and any other material bearing the FOP insignia.

OATH OF OBLIGATION

I, the undersigned, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police, do most solemnly and swear, that I will do 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 ember 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 secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath and obligation, I hereby consent to be expelled by the Order.

Signature _____ Date _____



A PROFESSIONAL ORGANIZATION - FOR THE PROFESSIONAL LAW ENFORCEMENT OFFICER
HARRIS COUNTY DEPUTIES' ORGANIZATION FRATERNAL ORDER OF POLICE #39
(HCDO FOP #39)

3130 NORTH FREEWAY, HOUSTON, TEXAS 77009, PH: 713-659-0005

E-MAIL: shiloh@hcdo.com

PLEASE FILL OUT THE FOLLOWING FORM TO SET UP YOUR AUTOMATIC PAYROLL DEDUCTION
FOR YOUR MEMBERSHIP TO HARRIS COUNTY FATERNAL ORDER OF POLICE #39

Aldine Independent School District

Automatic Payroll Deduction

Full Name: _____

Aldine ISD Employee #: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: _____

Total Amount to be deducted Monthly: _____

Signature: _____ Date: _____

Send to Aldine ISD Payroll Dept.

Attn: Payroll

2520 W.W. Thorne Blvd.

Houston, TX 77073

Email: payroll@aldineisd.org

OR

shiloh@hcdo.com