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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 _____