



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				
<b>CHECK ALL THAT APPLY:</b>				
_____ <b>DUES \$35 A MONTH</b> <b>\$17 A MONTH RESERVE</b> <b>\$100 A YEAR RETIREE</b>				
_____ <b>PAC FUND – I AUTHORIZE HCDO POLITICAL ACTION COMMITTEE TO DEDUCT FROM MY PAYCHECK: \$ _____</b>				
_____ <b>ASSIST THE DEPUTIES FUND – I AUTHORIZE HCDO ADF TO DEDUCT FROM MY PAYCHECK: \$ _____</b>				
_____ <b>CONCERNS OF POLICE SURVIVORS – I AUTHORIZE A DONATION TO C.O.P.S. TO BE DEDUCTED FROM MY PAYCHECK: \$ _____</b>				

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](mailto:shiloh@hcdo.com)

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

**Huffman Independent School District**

**Automatic Payroll Deduction**

**Term is July 1st -June 30th**

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

Huffman ISD Employee #: \_\_\_\_\_

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

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

Contact Phone #: \_\_\_\_\_

Total Amount to be deducted Monthly: \_\_\_\_\_ Total # of Payments: \_\_\_\_\_

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

**HUFFMAN ISD ATTN.**

**PURCHASING**

**P.O. BOX 2390 HUFFMAN, TX**

**77336 281-324-7615 Office**

**OR**

**shiloh@hcdo.com**