

David P. "Daddy" Banks Lodge 93 Administrative Assistant : Dana Atwood

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MEMBERSHIP APPLICATION & BENEFICIARY FORM

Please mail or email form using the above mailing or emailing address

New App:	Update:	
Name (Last, First, Middle	e Initial)	
Street Address		
City, State Zip		
Date of Birth		
Home/Cell #	Personal Email Addre	ss (DO NOT USE GOVERNMENT E-MAIL ADDRESS)
		Active: Retired: Please provide copy of credentials or Retired ID
BENEFICIARY INFO	DRMATION	
Last name, First name (1st Beneficiary)		Relationship to Member
Complete Mailing Addre	ss (if different than member's)	
Date of Birth	Phone Number	
Last name, First Name ((2 nd Beneficiary)	Relationship to Member
Complete Mailing Addre	ss (if different than member's)	
Date of Birth	Phone Number	
State Lodge) or by	using the PayPal option on the we	bership dues may be paid by check (made payable to Georgia bsite: www.georgiafop.org (enter the MENU screen and scroll option). Call the State Lodge (770.485.7180) if there are any
Applicants n	nust submit a copy of their Active o	r Retired Law Enforcement Credentials with the application
XSignature of Appli	cant	Date

It is the member's responsibility to keep their information up to date and correct. The State Lodge must pay the benefits as noted on the most recent document submitted by the member. Please use this document to start or update your address and benefits information. (Sept 2019)