



FOP 113
 Attn: James Acosta
 200 Theodore St
 St Augustine, FL 32084

LODGE 113

PETITION FOR MEMBERSHIP

FOP

FOPA

APPLICANT SHOULD SUPPLY ALL REQUESTED INFORMATION

NAME _____ BIRTHDATE _____
 (Last) (First) (Middle)

ADDRESS _____ CITY _____ ZIP _____
 SSN _____

Are you a certified law enforcement/corrections officer? Yes No Retired

Are you employed fulltime by a law enforcement agency? Yes No

AGENCY NAME _____ EMPLOYERS NAME _____

Home phone _____ (FOP) Work phone _____ Cell/pager _____ (FOPA)

E-Mail address _____

Have you ever been a member of an FOP Lodge? Yes No If yes, Lodge # _____

Are you Active/Inactive? List two FOP (A) members who know you. _____

BILLING INFORMATION

A six (6) dollar non-refundable application fee must accompany this application. **DO NOT** send any other Monies or make any payroll deduction commitments until you have received an acceptance letter from the Lodge Secretary. Upon receipt of the acceptance letter you will be instructed to attend the next meeting to be sworn in. It is at that time you will need to pay the dues for the remainder of the year. (\$14.00 per month)

I AGREE, if accepted by the Order, to abide by all the laws, rules, and regulations of the Lodge and I acknowledge that the decal(s), membership card, metal emblem(s), are the property of the Lodge and can be recalled by this Lodge or any Lodge of this Order for misuse or non-payment of dues, or for any other valid reason and agree to return requested items within ten (10) days of the official request date. I further understand and agree my failure to comply will subject me to arrest under Florida Statute 817.311.

I HEREBY AFFIRM AND CERTIFY ALL THE ABOVE ANSWERS AND STATEMENTS ARE TRUE AND FACTUAL TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT DO NOT WRITE BELOW THIS LINE

TREASURER	(APPLICATION FEE)	_____	DATE & INITIALS	
VICE PRESIDENT	(BACKGROUND CHECK)	_____		
SECRETARY	(PLACE ON AGENDA)	_____		
PRESIDENT	(VOTE)	_____		EMBLEM#
SECRETARY	(ACCEPTANCE/DENIAL LETTER)	_____		_____
PRESIDENT	(SWEAR IN AND DUES RECEIVED)	_____		
FILE		_____		

RELEASE AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT, YOU AGREE THAT YOU ARE ASSUMING CERTAIN RISKS AND THAT FOP LODGE #113 OR IT'S MEMBERS ARE NOT RESPONSIBLE FOR INJURIES THAT OCCUR TO YOU WHILE AT THE RANGE.

This Release is executed on _____, 10, by (name of member) _____ of (city) _____, County of _____, State of _____, (hereafter referred to as member).

In consideration of being permitted to utilize the property, range and facilities at the Fraternal Order of Police Lodge #113, 5050 Inman Rd., St. Johns County, State of Florida, (hereafter referred to as the "Premises") member, for himself or herself and for his or her personal representatives, heirs, and next of kin, successors and assigns (hereafter members and such related persons are referred to as "Participant") hereby releases, waives, discharges and covenants not to sue FOP Lodge #113, and/or any and all of its officers, employees, agents, persons acting on its behalf and associates, (hereafter all these legal persons are referred to as the "Released Parties") from all liability of any kind for all loss or damage, and any consequential claim or damage therefor, on account of (1) any personal injury to Participant, including Participant's death, and (2) any damage or loss to participant's property, whether caused by the negligence of the Released Parties, other participants on the Premises, or otherwise, while the Participant is engaged in such activities and / or related and incidental activities thereto or on the Released Parties' premises.

Participant hereby acknowledges that (1) he or she is aware of the inherent and possibly lethal danger involved in all shooting sports and that it involves numerous risks, including but not limited to, accidental discharge of firearms, heart attacks or strokes induced by stress, cuts, bruises, and loss of life, limb, finger(s), hearing and/or eyesight, and (2) this agreement is made with full knowledge of and complete assumption of such risks.

Participant hereby assumes full responsibility for all risk of bodily injury, death and/or property damage due to negligence of the Released Parties, other participants on the Premises, or otherwise on the Premises and/or while competing, officiating in, working in or for any purpose participating on the shooting range and/or related and incidental activities thereto.

Participant, being of lawful age, hereby releases the Released Parties of and from any and every claim, demand, action or right of action, of whatsoever kind or nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries, known or unknown, death and/or property damage resulting or to result from any accident or event which may occur as a result of participation on the Premises or any activities related or incidental thereto, whether by negligence or not, foreseen or unforeseen. Participant hereby releases the Released Parties from any and all loss or theft, unexplained disappearance or damage which may befall any of Participant's property while en route to, during and en route from the Premises.

Participant further releases all personnel, whether employed by the Released Parties or not, from any claim whatsoever on account of first aid treatment or medical or professional services rendered him or her during participation on the Premises.

Participant agrees to indemnify, defend and hold harmless the Released Parties, and each of them, from any loss, liability, damage, cost or expense, including attorney fees and court costs, which may accrue to or be sustained by the Released Parties for any actions inconsistent with or prejudicial to this release.

This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Participant expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida. If any phrase, clause or provision of this agreement is held invalid, it is agreed that the balance hereof shall continue in full legal force and effect.

Participant acknowledges that he or she has carefully read the above release and indemnity, understands the legal significance thereof and signs this release as his or her own free act.

Dated: _____, 10

Signature of Member

RANGE FACILITY RULES

1. Do not release gate/door combination to a non-FOP/FOPA member.
(Lock all doors and gates when leaving property)
2. Range Master must approve all group facility/range usage.
3. Clean up all trash (targets, frames, brass, etc...)
4. Vehicles on ranges only during target setup/removal unless approved by Range Master.
5. Use common sense/courtesy while utilizing the facilities.
6. Report all violations, general concerns and safety concerns promptly to Range Master.

RANGE SAFETY RULES WEAPON SAFETY

1. ALWAYS treat EVERY firearm as if it were loaded.
2. LASER SAFETY RULE ALWAYS APPLIES (treat your weapon as a laser, anything the barrel crosses it destroys)
3. Eye and Ear protection are mandatory while firing is in progress. This also applies to non-shooters on range when firing is in progress.
4. Fire on impact berms only.
5. No rifle or jacketed ammo on steel targets.
6. No consumption of alcohol on the range while shooting is in progress.

By signing below, participant acknowledges that he/she has carefully read the above RANGE FACILITY RULES and RANGE SAFETY RULES, understands these rules and agrees to abide by these rules.

Dated: _____, 10____ Print Name: _____

Signature: _____

<PARTICIPANTS COPY>

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