



GRAND LODGE FRATERNAL ORDER OF POLICE

ADDRESS CHANGE FORM

All forms must be signed by both the Local & State Secretary or the Grand Lodge will not process.

NATIONAL MEMBER NUMBER: _____
FIRST NAME: _____ M.I.: _____ LAST NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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LOCAL LODGE: State: _____ Lodge #: _____ Date: _____ Secretary: _____

STATE LODGE: Date Received: _____ Secretary: _____ Date Forwarded: _____

GRAND LODGE: Date Entered: _____ Entered By: _____