



MEMBERSHIP APPLICATION - 2025

BROTHERHOOD FOR THE FALLEN COLORADO

www.bftfcolorado.org

18121 E Hampden Avenue #C242 Aurora, CO. 80013 – bftfcolorado@gmail.com

NAME: _____ RANK: _____

(AS IT APPEARS ON DL: LAST, FIRST, MIDDLE)

BADGE _____

DOB ____/____/____ MM/DD/YEAR

AGENCY: _____

DO YOU WISH TO BE CONTACTED BY TEXT EMAIL

CELL PHONE: _____

EMAIL: _____

***Please register on www.bftfcolorado.org so you can have access to the Members and Forms Page.**

Annual dues:

GENERAL SWORN MEMBERSHIP \$125

I wish to travel on funeral deployments I do not wish to travel on funeral deployments

RETIRED SWORN MEMBERSHIP (\$25.00) ASSOCIATE/CIVILIAN BFTF MEMBERSHIP (\$25.00)

RETIRED MEMBER CIVILIAN

By applying for membership with BFTF Colorado you are acknowledging that you understand you are representing not only your law enforcement agency, but all chapters of Brotherhood for the Fallen. It is our expectation that you will hold yourself with the upmost dignity in honoring the sacrifices made by the fallen officers you will be paying tribute to. Anything less will subject you to dismissal or suspension of membership. All applications will need to be approved by BFTF Colorado

PAYPAL: **BFTFAPD@GMAIL.COM**

VENMO: **@Brotherhood-Colorado-38**

APPLICATION APPROVAL:

YES NO

DUES PAID: YES NO

CHECK # _____ AMOUNT: _____ DATE: _____

PAYPAL: _____ AMOUNT: _____ DATE: _____

VENMO: _____ AMOUNT: _____ DATE: _____

2025