



FOP LEGAL DEFENSE PLAN GROUP APPLICATION FORM



NAME:		Membership Number: (Leave blank if unknown)
ADDRESS:		CITY, STATE, ZIP
EMPLOYER:	LAST FOUR NUMBERS OF YOUR SOCIAL SECURITY NO.	
PHONE NUMBER	LODGE NAME & #:	
PERSONAL EMAIL ADDRESS:		

Please read the following. By signing, you agree you understand the following information.

You **MUST** be a current FOP member to qualify for Legal Defense. If not a current member, your money is **NOT** refundable, will be treated as a donation, and you will not be qualified for any legal defense benefits. If you have any questions, you can contact the State treasurer, secretary, or your local lodge officers.

To start your legal defense, please attach a check made out to your Local Lodge for \$75.00 and turn all paperwork into your lodge FOP representative. If you are unsure who your representative is, please scan all application paperwork and email to the email addresses provided below. You can mail your check to the State or be billed electronically. You will **NOT** be added until payment is received. The state mailing address is:

NDFOP, PO BOX 711, West Fargo, ND 58078

Your payroll deductions should start immediately or the next payroll period and will then cover any further payments. If you are unable to have your department do payroll deductions, you must contact the State Lodge secretary and treasurer to discuss additional options. If the Local and/or State Lodge does not receive payroll deductions or direct payment by the due date on your invoice, your legal defense is deemed inactive and you will not be covered.

I understand that if I am not on payroll deductions and wish to cancel Legal Defense, I must notify the State secretary and treasurer **by the 25th of the current month** or I will be responsible for the amount due to the ND Fraternal Order of Police and any additional costs that may arise to collect any debt.

Please check one of the following:

- I have enrolled in payroll deductions through my current department
- I wish to be billed quarterly by the State Lodge
- I wish to be billed annually *must speak to your local lodge board member for current year pricing

Signature (Must be signed before coverage is offered)

Date

Email scanned application form to: NDSecretary@fop.net and NDTreasurer@fop.net

*Local Lodge: If you are receiving this paperwork, please scan the legal defense application and email to the State Secretary. The State Treasurer will then bill you electronically for the \$75. Reminder also to email the State Secretary as soon as you have added the member in VUE so the member can be made active at the State and National level. If the Local Lodge fails to notify the State of a member that should be removed from the plan, the lodge will be responsible for any unpaid balance for that member

\$75 received by: _____ Check#: _____ Cash Other: _____