



LEGAL DEFENSE PLAN APPLICATION

Lodge Name and Number _____

Member Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Last 4 digits of Social Security#: _____

I hereby apply for enrollment in the FOP-FL Labor Council Committee Labor/Legal Defense Plan (LDP), and agree to abide by all the terms and conditions thereof. ***I understand that no coverage is in effect until this application is approved by my Lodge President. To my knowledge, I am not presently named in any suits, action or proceeding or under investigation for a duty-related incident with the following exception.***

Member Signature: _____

Date: _____

Lodge President Printed Name: _____

Lodge President Signature: _____ Approved Date: _____

Membership must be through local Lodges. All completed **and** approved applications must be sent with payment.

Option 1: \$69.00 per quarter per person

Option 2: \$138.00 Bi-Annually **OR**

Option 3: \$276.00 Annually

Mail to:

Fraternal Order of Police
FL Labor Council Committee
242 Office Plaza
Tallahassee, FL 32301