

MINNESOTA FRATERNAL ORDER OF POLICE LEGAL DEFENSE PLAN (LDP)

612-367-6691, minnesotafop@gmail.com

APPLICATION FORM

Name				
Home Address				
City	State	Zip)	
I am a member of local Lodge	#D	ОВ		
(You must be a member of a local lo payable online.)	dge in order to apply fo	r LDP. Lodg	e dues are also	
Email Address:				
You will be notified by e-mai	I upon receipt of your appli	cation and pa	yment.	
Employed by:	Position	Position:		
POST Number:				
Currently a Retired Law Enforce (You must supply a POST number, or be a re				
Work Phone ()				
Home Phone ()				

Annual Amount: \$175.00

Coverage will commence the first day of the month <u>after</u> the dues are postmarked or fax received. Coverage extends for 12 months.

Please mail application and check (payable to FOP LDP) to:

Minnesota Fraternal Order of Police P.O. Box 270026 - Golden Valley, MN 55427

If paying by credit card please visit www.mnfop.com and click on the LEGAL DEFENSE tab. Complete the online application and submit your payment.

If you choose to include your local lodge dues, please write separate checks. For faster service, please pay your local lodge dues directly to the lodge.