

**EAST POINT-ATLANTA LODGE # 12
FRATERNAL ORDER OF POLICE
APPLICATION**

NAME _____

PHONE: WK: () _____ HM: () _____

E-MAIL: _____

ADDRESS: _____ DOB: _____

CITY _____ STATE _____ ZIP _____

AGENCY _____ DATE: _____

ARE YOU INTERESTED IN JOINING THE FOP LEGAL DEFENCE PLAN?

YES _____ NO _____ IF YES, PLEASE CALL THE GA. STATE LODGE FOR
COST AND MORE INFORMATION AT 770-485-7180

CHECK IF RETIRED FROM LAW ENFORCEMENT _____

APPLICANT'S SIGNATURE _____

**NOTE: DUES FOR ACTIVE LAW ENFORCEMENT OFFICERS IS \$55.00 PER
YEAR. – RETIRED OFFICERS ARE \$30.00 PER YEAR.**

PLEASE SEND COMPLETED APPLICATION TO: EAST POINT-ATLANTA FOP, P.O. BOX
91220, EAST POINT, GA. 30364 or email to marlinep@att.net

BENEFICIARY INFORMATION FOR INSURANCE

NAME OF BENEFICIARY (S) _____

RELATIONSHIP _____ TEL: () _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____ DOB _____