

FILL OUT MEMBERSHIP APPLICATION

FILL OUT LEGAL AID APPLICATION

HAND DELIVER BOTH APPLICATIONS TO AN OFFICER OF LODGE 54

OR MAIL TO :

FOP LODGE 54

PO BOX 11251

MURFREESBORO, TN 37129

DUES ARE PRORATED TO THE MONTH APPLICATION IS APPROVED

JAN - \$180.00

FEB - \$165.00

MAR - \$150.00

APR - \$135.00

MAY - \$120.00

JUN - \$105.00

JUL - \$90.00

AUG - \$75.00

SEP - \$60.00

OCT - \$45.00

NOV - \$30.00

DEC - \$15.00



**FRATERNAL ORDER OF POLICE**

**TENNESSEE STATE LODGE**

Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Street: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Employed by: \_\_\_\_\_ Employed Date: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ Rank or Position: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Spouse: \_\_\_\_\_ Death Benefit Beneficiary: \_\_\_\_\_

I \_\_\_\_\_ certify that I am a full time Law Enforcement office at either Municipal, County, State or Federal Government. I understand that any false information will be grounds for expulsion from the Lodge and Fraternal Order of Police.

Date Initiated: \_\_\_\_\_

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

I \_\_\_\_\_, Secretary of Lodge # \_\_\_\_\_ hereby state to the best of my knowledge the above is entitled to be a member of the Fraternal Order of Police as stated on page 3 of the State Lodge Consitution.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

I \_\_\_\_\_, President of Lodge # \_\_\_\_\_ hereby state to the best of my knowledge the above is entitled to be a member of the Fraternal Order of Police as stated on page 3 of the State Lodge Consitution.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

**Attention Local Lodge Secretary:** Upon acceptance of members into your lodge, you are required to submit this form to the State Lodge along with your Loses and Gains in membership form. Members listed on Loses and Gains form will not be accepted unless accompanied by this form.

State Lodge Received: \_\_\_\_\_

Fraternal Order of Police  
FOP Tennessee State Lodge Office  
PO Box 2787

Clarksville, TN 37042  
931-802-5545  
931-802-5595  
931-933-7738 (Fax)

**APPLICATION TO THE TENNESSEE STATE LODGE LEGAL AID PLAN**

\_\_\_\_\_ \$100.00 fee enclosed

\_\_\_\_\_ Send me a copy of the complete plan document

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

I hereby apply for enrollment in Tennessee State Lodge Legal Aid Plan. I agree to abide by all of the terms and conditions thereof. I understand that my coverage will not be effective until receipt of my payment to the plan and acceptance by Legal Aid Committee of the Tennessee State Lodge of the Fraternal Order of Police. To my knowledge, I am not presently named in any suits, actions, or proceedings, nor under investigation for a duty related incident, except for the following (please use an 8 ½ by 11 paper and attach to this application).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Note: The information contained in this Web Site is not the actual plan description. In all cases, the actual Plan description supersedes the information provided on this site. To determine the coverage of this plan, please refer to the actual Plan description available from the office of the Tennessee State Lodge. Because the plan is new and important project by the Tennessee State Lodge, the Lodge reserves the right to amend the Plan based upon the experience and actual or projected demand.

## AUTHORIZATION for DRAFT (ACH DEBIT)

I (we) hereby authorize Tennessee Fraternal Order of Police Lodge 54, hereinafter called "COMPANY", to initiate electronic debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "FINANCIAL INSTITUTION". I (we) acknowledge that ACH transactions I (we) authorize to my (our) account must comply with all applicable law.

Financial Institution

Branch

Address

City/State/Zip

## Routing Number

Account Number

Type of Account: Checking

## Savings

Amount (or how amount is determined):

Frequency (Weekly, Monthly etc.): \_\_\_\_\_ Start Date (if recurring): \_\_\_\_\_

Date of Debit (s): 1<sup>st</sup> of Month

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.

**(Note:** For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until Company has **received written notification from me (or either of us)** of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

**ATTACH VOIDED CHECK**

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Print or Type Individual Name

Signature

Date \_\_\_\_\_