

FRATERNAL ORDER OF POLICE

Sergeant D.P. Land Memorial Lodge # 82

Post Office Box 1374 – Cumming, Georgia 30028

APPLICATION FOR MEMBERSHIP

Application Type: New Member Member Update

MEMBER INFORMATION

Name: _____ D.O.B: ____/____/____
(Last, First, M)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

AGENCY INFORMATION

Agency: _____

City: _____ State: _____ Zip: _____

Are you a Retired Law Enforcement Officer: Yes* No

*Retired Applicants will need to submit a copy of their retired credentials with their application

Dues payment: _____ Direct Deposit (*preferred*) _____ Cash/Check/ **PayPal**
Regular Member Dues are \$60/year (\$2.31 Bi-weekly) and Retired Member Dues are \$20/yr

Officer Injury and Illness Fund: Yes Enroll Me No Do Not Enroll Me
Officer Injury and Illness Fund is \$200/yr (\$7.69 bi weekly)

Signature: _____ Date: _____

BENEFICIARY INFORMATION

Name of Beneficiary #1: _____

Relationship: _____ D.O.B: ____/____/____ Percent: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Beneficiary #2: _____

Relationship: _____ D.O.B: ____/____/____ Percent: _____

Address: _____

City: _____ State: _____ Zip: _____

Note: You Only need one beneficiary, if you would like to name two please indicate the percentage for each.

Lodge Secretary Use Only:

Date Received: _____ Date Ratified: _____ GL Roster: _____ By: _____

Dues: _____