

FRATERNAL ORDER OF POLICE

SGT. DAVID P. LAND MEMORIAL LODGE #82



Serving Our Community With Pride, Integrity, Honesty, and Compassion

APPLICATION FOR MEMBERSHIP

Application Type: New Member Member Update

Name: _____ DOB: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ / ____ Email: _____

AGENCY INFORMATION

FCSO FCSO Reserve Cumming PD Other: _____

Are you a Retired Law Enforcement Officer? : Yes* No

Retired Applicants will need to submit retired credentials with application

OFFICER INJURY AND ILLNESS FUND: Yes, ENROLL ME No, DO NOT ENROLL ME
OIIF is \$200/year or \$7.69 biweekly

Signature: _____ Date: ____ / ____ / ____

BENEFICIARY INFORMATION

Name of Beneficiary #1: _____

Relationship: _____ DOB: ____ / ____ / ____ Percent: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Beneficiary #2: _____

Relationship: _____ DOB: ____ / ____ / ____ Percent: _____

Address: _____

City: _____ State: _____ Zip: _____

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