



MINNESOTA
FRATERNAL ORDER OF POLICE
LEGAL DEFENSE PLAN (LDP)
952-895-0405, mnfop@comcast.net
(fax) 952-736-3378

APPLICATION

Name _____

Home Address _____

City _____ State _____ Zip _____

I am a member of local Lodge # _____ DOB _____

(You must be a member of a local lodge in order to apply for LDP. If you wish, include a separate check for \$25 dues and it will be forwarded to your local lodge secretary.)

Email Address: _____

Employed by: _____ Position: _____

POST Number: _____

Currently a Retired Law Enforcement Officer? _____ YES

(You must supply a POST number, or be a retired officer or Federal officer in order to qualify for the plan.)

Work Phone (_____) _____

Home Phone (_____) _____

Annual Amount: \$150.00

Coverage will commence the first day of the month after the dues are postmarked. You will be covered for 12 months.

The plan is no longer pro-rated on a monthly basis.

Mail application to:

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

If paying by credit card:

Type _____ Number _____ Exp date: _____

If paying by check, make it payable to "FOP LDP." **Do not combine LDP annual fee with lodge dues on one check. Must be two separate checks.**