



**MINNESOTA
FRATERNAL ORDER OF POLICE
LEGAL DEFENSE PLAN (LDP)**
612-367-6691, minnesotafop@gmail.com

2015 RENEWAL APPLICATION FORM

Your current coverage will end November 1, 2015
Please postmark your next payment by October 31, 2015

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. Lodge renewals are due by November 1, 2015.)

Email Address: _____

You will be notified by e-mail upon receipt of your application and payment.

Employed by: _____ Position: _____

POST Number: _____

Currently a Retired Law Enforcement Officer? _____ YES _____ NO

(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 or fax received. Coverage extends for 12 months.

Please mail application and check (payable to FOP LDP) to:

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

If paying by credit card, email the application to minnesotafop@gmail.com

Type _____ Number _____ Exp date: _____

If you choose to include your local lodge dues, please write separate checks or indicate additional payment on your credit card.