

FOR ASSOCIATE MEMBERS ONLY

NAME OF APPLICANT

(PLEASE PRINT OR TYPE) _____
LAST FIRST MI

ADDRESS OF APPLICANT _____
STREET CITY/STATE ZIP CODE

THIS IS TO VERIFY THAT THE ABOVE NAMED APPLICANT IS A CURRENT ASSOCIATE MEMBER OF LODGE (NAME/NUMBER)

(PRINT OR TYPE)
AND IS ELIGIBLE TO ENROLL AS A MEMBER OF THE INDIANA FOP LEGAL DEFENSE FUND.

(CHECK THE ONE APPLICABLE)

CORRECTIONS OFFICER_____,RESERVE OFFICER_____,DISPATCHER_____,
SUPPORT STAFF_____.

THIS FORM **MUST** BE SIGNED BY THE LOCAL LODGE PRESIDENT AND SECRETARY AND **MUST** BE MAILED WITH THE LEGAL DEFENSE FUND APPLICATION FORM TO THE STATE FOP SECRETARIES OFFICE.

NO APPLICATION WILL BE ACCEPTED FROM AN ASSOCIATE MEMBER WITHOUT THE ABOVE FORM NOR WILL AN APPLICATION BE ACCEPTED FROM AN ASSOCIATE MEMBER ON-LINE.

LODGE SEAL

SIGNATURES:
LODGE PRESIDENT _____
PRINTED NAME _____
LODGE SECRETARY _____
PRINTED NAME _____