



Colorado Fraternal Order of Police
 Colorado State Troopers' Lodge 55
 9457 South University Boulevard
 Box 820
 Highlands Ranch, Colorado 80126

APPLICATION FOR MEMBERSHIP AND DIRECT DEPOSIT AGREEMENT

I hereby apply for membership into the Colorado Fraternal Order of Police, Colorado State Trooper's Lodge 55, hereinafter called the FOP Lodge 55. I understand that no coverage is in effect until this application is received by the Treasurer of the FOP Lodge 55.

DATE OF APPLICATION: _____
 NAME (First, M.I., Last): _____ DATE OF BIRTH: _____
 HOME ADDRESS: _____ CITY & ZIP CODE: _____
 CELL PHONE NUMBER: _____
 DUTY STATION: _____ CURRENT RANK: _____
 DATE OF HIRE (Mo/Day/Year): _____
 PERSONAL EMAIL ADDRESS: _____

To my knowledge, I am not presently named in any suit, action, or proceeding, nor under investigation for a duty related incident, except the following: _____

I hereby apply for enrollment in the FOP Legal Defense Fund (LDF). I agree to abide by all terms and conditions thereof. I understand that no coverage is in effect until this application is approved and accepted by the LDF Administrator. I agree to be truthful when filing LDF claims and will agree to release all information required by the LDF Director. I also understand that it is a requirement that I am a member in good standing when an incident occurs and that the time the legal defense is needed. Members in default of monthly Lodge 55 dues payments will be allowed a 30 day grace period. If any dues in arrears are not corrected within 30 days, membership will be inactivated.

I hereby authorized the FOP Lodge 55 to withdrawal monthly dues in the amount of **\$57.00** from my Checking Account located at the below listed financial institution. I acknowledge that the authority will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION: _____
 CITY AND STATE: _____ ZIP CODE: _____
 BANK ROUTING NUMBER: _____ ACCOUNT NUMBER: _____

I swear, affirm and do promise to the members of the Colorado Fraternal Order of Police, that I will to the best of my ability comply with all the laws and rules of the order; I will recognize the authority of my legally elected officers and obey all orders not in conflict with my religious or political views, or my rights as a citizen; I will always aid and assist a worthy brother or sister in sickness or distress within my power; I will not divulge any secrets of the order to anyone not entitled to receive them. Should I violate this oath or affirmation, I hereby consent to be expelled from the order.

Signature: _____

**When complete, either mail the completed application to the address listed at the top OR
 email to csptrooperslodge55@gmail.com**

For Office Use:

FOP _____ Email _____ BOW _____ LDF _____ Per Capita _____ NDLDP _____