

Municipal Officers Lodge 9 Inc.

FOP Legal Defense Plan Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ SSN _____ DOB _____

By completing this application, I certify that I am currently employed by a federal, state or local law enforcement agency or employed by a local government law enforcement entity operated or a private college/university or private railroad.

Please provide the name and address of the agency you are employed by.

Name of employer _____

Address _____

City _____ State _____ Zip _____

I understand my membership will be in the Administrative, Civil, Criminal and Administrative Off-Duty plan supplied by the Hylant Group for the FOP Grand Lodge and administered by the Sedgewich Group. By signing below I certify that I am a member in good standing with Lodge 9. My member number is _____ and I will be paying the yearly Fee as required by the Hylant Group (\$264.00 a yr.) pro-rated by month I join.

Name Please Print

Signature

Date

Please Return to Municipal Officers Lodge 9 Inc.

P.O. Box 155 Riverdale, Md. 20738-0155