



**MINNESOTA  
FRATERNAL ORDER OF POLICE  
LEGAL DEFENSE PLAN(LDP)**  
763-432-0839 [mnfop@comcast.net](mailto:mnfop@comcast.net)  
(fax) 763-432-0839

## APPLICATION FORM

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 dues are also payable as of November 1, 2008.)

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

(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. Coverage extends 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."

If you choose to include your local lodge dues, please write separate checks.