



## LEGAL DEFENSE PLAN APPLICATION

The Nevada State Lodge is the local coordinator for the Legal Defense Plan for members of the Fraternal Order of Police in the State of Nevada. All current and future members of the Order will be covered under the "Group Plan". **The current rate under the Group Plan that includes off duty coverage is \$227.00 per year, per member.** Membership is effective from 1 January through 31 December of each year. Pro-rated membership is available throughout the year. Call the telephone number listed below for further information.

**Membership in the Plan is extended only to eligible, paid-up members in good standing of the Fraternal Order of Police.** Your check must arrive by the 20<sup>th</sup> of the month, and your membership will begin on the 1<sup>st</sup> day of the following month. **DO NOT** send cash.

Legal Defense renewal invoices will be sent out in November of each year.

Those submitting both an FOP membership application AND an application for the Legal Defense Plan, please submit **two** separate checks, one for the dues and one for the legal plan to their respective addresses.

**For enrollment in the Legal Defense Plan,  
mail this application and your check payable to:**

**NEVADA STATE LODGE FRATERNAL ORDER of POLICE.  
P.O. Box 620832  
LAS VEGAS, NV 89162-0832**

For further Information call: 702-877-6635 (May be a recorded message).

**Check One:**    **New Enrollment**       **Legal Plan Annual Renewal with Off Duty Coverage**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**\*D.O.B.** \_\_\_\_\_ **\*Social Security #** \_\_\_\_\_

Email Address: \_\_\_\_\_

Lodge (Group) Name Nevada State Lodge

**\*Employer** \_\_\_\_\_ **Years of Service** \_\_\_\_\_

Local Lodge Name and Number \_\_\_\_\_

### Legal Plan Agreement

**By enrolling in the Legal Defense Plan, I agree to maintain a current membership in the Fraternal Order of Police. I understand if I fail to do so, my enrollment in the Legal Defense Plan will be terminated upon expiration of my membership in the Fraternal Order of Police.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* required field-application will not be processed without information!**

**Pro-rated  
Legal Defense Plan Annual Fee Schedule**

**Must be received no later than the 20<sup>th</sup> of each month**

To begin the Plan Effective:	Pro-rated Enrollment Fee:
January 1	\$ 227.00
February 1	\$ 208.08
March 1	\$ 189.17
April 1	\$ 170.25
May 1	\$ 151.33
June 1	\$ 132.42
July 1	\$ 113.50
August 1	\$ 94.58
September	\$ 75.67
October	\$ 56.75
November	\$ 37.83
December	\$ 18.92