



DeKalb Fraternal Order of Police
William E. Peacock, Jr. Lodge #10
1238 Ridge Avenue
Stone Mountain, Georgia 30083

2008 Application for Membership/ Member Update Form

MEMBER INFORMATION (Please fill out completely and legibly)

Name [Last, First, Middle Initial] _____	Home Phone _____
Street Address _____	Work Phone _____
City, State, Zip _____	Mobile Phone _____
Email Address _____ @ _____	Year joined Fraternal Order of Police _____
Date of Birth (Insurance Purposes) _____	Social Security (Insurance Purposes) _____
Agency, Division, and Precinct _____	Retired? (YES NO) If yes, date retired? _____

Beneficiary Information (Please complete this even if same as before)

Name of Beneficiary #1	Relationship	Beneficiary SSN	Amount or percentage of total benefit to Beneficiary #1
Complete Address (or contact information) of Beneficiary #1		DOB	
Name of Beneficiary #2	Relationship	Beneficiary SSN	Amount or percentage of total benefit to Beneficiary #2
Complete Address (or contact information) of Beneficiary #2		DOB	

Type of Membership Applying for: (Please check one)

- New member (see box to the right for amount due)
 - Annual Renewal (\$85) [due by Feb. 28 each year, insurance benefits end if not current by 3/15]
 - Retired Member (\$50) [due by Feb. 28 each year, insurance benefits end if not current by 3/15]
 - Reinstated (\$85 at any time)
- ***Note: Membership dues do not cover the Legal Plan™ or legal protection. Information can be obtained from the State Lodge (800-305-0237) concerning joining the Legal Plan™.**

Date of App	Amt.
1/1 to 3/31	\$85.00
4/1 to 6/30	\$63.75
7/1 to 9/30	\$42.50
10/1 to 12/31	\$21.25

X _____ **Date:** _____
[Signature of Applicant] This form must be signed.

Please make checks payable to **DeKalb FOP Lodge 10** and Mail Application to: **FOP Lodge #10, 1238 Ridge Avenue, Stone Mountain, Georgia. 30083**

Office Use Only

State Dues:	National Dues:	Insurance:
Paid by: (check/cash)	Amount:	Received by:
Decals Sent:	Membership Card Sent:	