

PCDSA INC FOP 57
MEMBERSHIP APPLICATION

Active/Benefit/Retired Membership Application: _____
Dues: _____ Regular Membership: _____
Name: _____ DOB: _____ SS#: _____
Agency: _____ Agency Address: _____
Home Address: _____ City: _____ State: _____ Zip _____
Home Phone: (_____) _____ Work Phone: (_____) _____
E-Mail Address: _____
Rank: _____ TCLEOSE Certification Level: _____
Instructor Certificate: Yes _____ No _____ College Degree/Hours: _____
Sponsor: _____ Sponsor: _____

LABOR/LEGAL PLAN

Lodge #57 no longer offers a legal plan through payroll deduction. There are several legal plans out there that are available to you. The five organizations listed below are just a sample of the legal plans that are available for you to check out and you will have to decide which one you want. It is your responsibility to contact that organization of your choice and make arrangements to pay for it.
National FOP <http://www.foplegal.com/>
NRA Carry Guard <https://www.nracarryguard.com/>
PLEA <https://plea.net/>
TMPA <https://www.tmpa.org/>
U.S. & Texas Law Shield <https://www.uslawshield.com>

STATE/LODGE INSURANCE BENEFIT ASSIGNMENT

In the event of an untimely death, either natural or line of duty, I, _____
Designate the following beneficiary(s) to receive any and all funds entitled me as a member of the Fraternal Order of Police of which my local lodge or the state lodge may have paid a life insurance premium.
Name: _____ Relationship: _____ DOB: _____
Address: _____ City: _____ State: _____ Phone: _____
Name: _____ Relationship: _____ DOB: _____
Address: _____ City: _____ State: _____ Phone: _____
Name: _____ Relationship: _____ DOB: _____
Address: _____ City: _____ State: _____ Phone: _____
Signature: _____ Date: _____
Witness: _____ Witness: _____

OBLIGATION

I, _____ in the presence of the Creator of the universe and the members of the Fraternal Order Of Police here assembled, do most solemnly and sincerely promise and swear, that I will to the best of my ability comply with all laws and rules of this Order; That I will recognize the authority of my legally elected officers and obey all orders therefrom not in conflict with my religious or political views, or my rights as an American Citizen; That I will not cheat, wrong or defraud this order, or any member thereof, or permit the same to be done if in my power to prevent it; That I will at all times aid and assist a worthy brother (sister) in sickness or distress so far as it lies in my power to do so; That I will not divulge any secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this my solemn oath or obligation, I hereby consent to be expelled from the Order.

Signature: _____ Date: _____
Witness: _____ Witness: _____ Date: _____

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For Staff Use Only

Date Submitted: _____ Date Accepted: _____
Date Sworn: _____ Sworn By: _____
Payroll Deduct: ____ Y ____ N Date Card Submitted: _____ Quarterly/Monthly Payment: ____ Y ____ N
First Month dues/fees of _____ are attached: ____ Y ____ N Amount: _____