



Application/Enrollment

Tennessee State Lodge Legal Aid Plan

_____ \$125.00 Annual Fee Enclosed

_____ Send a copy of the complete plan document

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Lodge Name and Number: _____

Social Security Number: _____

Employer/Agency: _____

I hereby apply for enrollment in the Tennessee State Lodge Legal Aid Plan. I agree to abide by all of the terms and conditions thereof. I understand that my coverage will not be effective until the receipt of my payment to the Plan and acceptance by the Legal Aid Committee of the Tennessee State Lodge Fraternal Order of Police. To my knowledge I am not presently named in any suits, actions, or proceedings, not under investigation for a duty related incident except for the following: (use additional paper and attach, if needed)

Signature

Date