



Application/Enrollment  
Tennessee State Lodge  
Legal Aid Plan

\_\_\_\_\_ \$100.00 Annual Fee enclosed  
\_\_\_\_\_ Send a copy of the complete plan document

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Lodge Name & Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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, nor under investigation for a duty related incident except for the following: (use additional paper and attach)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_