



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