



Fraternal Order of Police Membership Card

A complete card **MUST** be on file with the State Lodge for ALL members.

Lodge Number _____

Member Full Name _____

Birth Date ____/____/____ Primary Phone (____) ____ - ____

HOME Address _____

City _____ State _____ Zip _____

E-Mail _____

Employer _____ Position _____

The Accidental Death & Dismemberment policy will pay out to the beneficiary listed on file. If no beneficiary is listed, the Insurance company will follow set protocols. Make your decisions known.

Beneficiary _____ Relationship _____

Member SSN _____ - _____ - _____

Signature _____ Date ____/____/____

Please return to the Illinois State Lodge. The member and local lodge should maintain a copy.

Cut along dotted lines.



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