



Idaho Panhandle Lodge 15 Membership Application

To The Officers of the Fraternal Order of Police:

I, the undersigned, a full-time regularly appointed or elected law enforcement officer, or a retired regularly appointed or elected law enforcement officer, do hereby make application for active membership in Idaho Panhandle Lodge No 15.

☐ I wish

☐ I do not wish

to participate in the FOP Legal Plan, Inc. I understand that Lodge 15 is not responsible for payment of legal bills should I choose not to participate.

Signature: _____ Date: _____

Applicant Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ E-Mail: _____

Agency: _____

Lodge Sponsor: _____ Approved: _____ Date: _____

NOTE: If enrolling in the Legal Defense Option or not, you MUST fill out the information below to be enrolled. For your security after your enrollment has been processed the below information will be physically detached from this form and destroyed.

DOB: _____

SSN (Last 4): _____