



MEMBERSHIP APPLICATION

Type of Membership

- ☐ Associate Membership ☐ Active Membership ☐ Active Membership w/ Legal Defense

Personal Information

Name

First _____ Middle _____ Last _____

Address

Street Address _____ Address Line 2 _____

City _____ State _____ ZIP Code _____

Phone

Personal email

Date of Birth

_____/_____/_____

Sex

☐ Male ☐ Female

Employment Information

Employer

How many years?

Duty Title

Division

Employer Address

Street Address _____ Address Line 2 _____

City _____ State _____ ZIP Code _____

Law Enforcement Credentials

Please submit a copy of your Active Duty or Retired Law Enforcement Credentials with this application.

Payment Information

Membership Dues Only (\$4.25/mo) Membership Dues and Legal Defense (\$25.85/mo)

- ☐ Check ☐ Cash ☐ Bank Draft *\$0.28 Monthly Bank Draft Fee Applicable

Signature

Date

_____/_____/_____

FOR OFFICIAL USE ONLY

Sponsor

Name _____

Membership Information

- ☐ Associate Membership
☐ Active Membership
☐ Active Membership w/ Legal Defense

Dues Paid _____
Amount

Form of Payment _____

Presented To

Name _____

Receipts/Deposits _____

Main File _____

State/National _____

- ☐ Passed ☐ Failed

www.scfop12.com



MEMBERSHIP APPLICATION

SCFOP Lodge 12 Membership Dues

We welcome you to join the Coastal Carolina FOP Lodge 12 if you are a certified law enforcement officer in our area, or qualified for an associate membership. Our monthly meetings are held on the fourth Thursday of each month and we look forward to meeting you.

Dedicated to working towards improvements within our profession and fellowship with other officers, we also aim to help in the communities in which we are sworn to protect. We can all work together to improve the overall safety of each other and of the citizens we serve.

We collect donations for funding our various charitable programs and for our general fund for lodge activities such as: Cops and Kids, the Special Olympics, Waccamaw Youth Center, our Annual Memorial Service for fallen officers, the Officer In Distress Fund, and our Officer Educational Fund.

SCFOP Lodge 12 invites all area law enforcement officers to attend a meeting and consider joining us as an active FOP member. If you would like more information about Lodge 12 or the FOP in general, please don't hesitate to Contact Us.

Membership Dues

MONTH	AMOUNT DUE
September	\$324
October	\$297
November	\$270
December	\$243
January	\$216
February	\$189
March	\$162
April	\$135
May	\$108
June	\$81
July	\$54
August	\$27



BANK DRAFT AUTHORIZATION

Personal Information

Name

First Middle Last

Address

Street Address City State ZIP Code

Phone Mobile Phone Personal Email

Bank Information

Name of Bank

Routing Transit Number

Account Number

Draft From ☐ Checking ☐ Savings Amount ☐ Membership Dues Only (\$4.53/mo) ☐ Membership Dues and Legal Defense (\$26.13/mo)

Date to Start Draft ____/____/____

Members are responsible for all Returned Checks and/or Bank Draft Fees.

Transactions will appear as SCFOP12 on your bank statement.

BY NOT PARTICIPATING IN A BANK DRAFT, I AGREE TO MAKE ANNUAL PAYMENTS TO COASTAL CAROLINA 12, FRATERNAL ORDER OF POLICE FOR MY DUES AND/OR LEGAL DEFENSE FUND DUES. I ALSO UNDERSTAND THAT I MAY START A BANK DRAFT AT A LATER DATE, IF I SO CHOOSE.

I HEREBY AGREE TO KEEP ON DEPOSIT IN THE ABOVE ACCOUNT, SUFFICIENT FUNDS TO PAY SUCH DRAFTS THAT I HAVE AUTHORIZED AND TO INDEMNIFY COASTAL CAROLINA LODGE 12, FOP, AND SOUTH STATE BANK, FROM ANY LOSS WHATSOEVER ARISING FROM AN OVERDRAFT OF MY ACCOUNT WITH THE ABOVE STATED INSTITUTION. SHOULD COASTAL CAROLINA LODGE 12, FOP, AND/OR SOUTH STATE BANK SUSTAIN ANY LOSS, THEY MAY CHARGE THAT LOSS AGAINST ANY ACCOUNT I HAVE OR TAKE OTHER STEPS TO MAKE COLLECTION AS THEY MAY DEEM NECESSARY.

YOU MUST PROVIDE A VOIDED CHECK WITH THIS APPLICATION

I herby authorize my bank account to be charged. _____ Date ____/____/____
Signature

www.scfop12.com



FRATERNAL ORDER OF POLICE

LEGAL DEFENSE PLAN APPLICATION

Personal Information

Name		
_____ First	_____ Middle	_____ Last
Address		
_____ Street Address	_____ Address Line 2	
_____ City	_____ State	_____ ZIP Code
Phone	Employer	Social Security (last 4 numbers)
_____	_____	_____
Date of Birth	Lodge Number	Personal email
_____/_____/_____	_____	_____

Payment Arrangements

- ☐ I wish to participate in the bank draft (please complete Bank Draft Authorization form)
- ☐ I do not wish to participate in the bank draft (please complete Other Payment Option below)

Other Payment Options

Make all annual payments payable to: **SC Fraternal Order of Police Legal Defense Plan**

- ☐ Check or money order enclosed in the amount of \$259.20. Check / Money Order Number _____

By not participating in a bank draft, I agree to make annual payments to the SC Fraternal Order of Police Legal Defense Plan. I also understand that I will not receive notification and that my annual payment will be due the first of September every year. I also understand that I may start my bank draft later if I so choose.

Drafts will be in the amount of my current payment to the South Carolina Fraternal Order of Police Legal Defense Plan.

I hereby agree to keep on deposit in the above account sufficient funds to pay such drafts and to indemnify the South Carolina Fraternal Order of Police and First Community Bank from any loss whatsoever arising from an overdraft of my account with the above stated institution. Should the Fraternal Order of Police sustain any loss, they may charge same against any account I have with or take other steps to make collection as they deem necessary.

Signature	Date
_____	_____/_____/_____



FRATERNAL ORDER OF POLICE

LEGAL DEFENSE PLAN APPLICATION

Procedures For Executing Legal Defense Plan For Active Members

This is to outline the proper procedures for executing an effective Legal Defense Plan. When a member enrolls in the legal defense plan, the application along with the payment should be submitted to the state lodge legal defense coordinator. The legal defense coordinator should check the accuracy of the application, ensure that a voided check is provided if the individual plans to take advantage of the bank draft program and verify that the correct amount is being submitted for the coverage period. The local lodge should then make a copy of the application and keep an up-to-date list of all lodge members currently on the plan.

When enrolling a legal defense member you must remember the following things:

1. We can only add members to the plan on the first of each calendar month.
2. We must have the application and the payment received by the twenty fifth of the month prior to the start date. Example: The member enrolls on March 5th, you submit application and payment by March 25th, and they are added to the plan on April 1st.
3. To ensure that the member is paying the correct amount without being over or undercharged, please refer to the pro-rated legal defense plan payments below to determine what amount the member must pay if they are not using the bank draft program. From the example in item 2, this member should pay \$108.00.
4. Those members using a bank draft system are also subject to a pro-rated amount which should accompany their application. (See Schedule 2).
5. All annual invoiced renewals are due August 31st for an effective date of September 1st. 30 day grace period reinstated, 31 or more terminated.
6. Legal defense years run September 1st - August 31st.

Schedule 1 (yearly invoice)

COVERAGE BEGINS	PRO-RATED AMOUNT
September 1	\$259.20
October 1	\$237.60
November 1	\$216.00
December 1	\$194.40
January 1	\$172.80
February 1	\$151.20
March 1	\$129.60
April 1	\$108.00
May 1	\$86.40
June 1	\$64.80
July 1	\$43.20
August 1	\$21.60

Schedule 2 (for participants on bank draft)

COVERAGE BEGINS	PRO-RATED AMOUNT
September 1	\$64.80
October 1	\$43.20
November 1	\$21.60
December 1	\$64.80
January 1	\$43.20
February 1	\$21.60
March 1	\$64.80
April 1	\$43.20
May 1	\$21.60
June 1	\$64.80
July 1	\$43.20
August 1	\$21.60