	MEMBERSHIP APPL	ICATION
Type of Membership		
) Active Membership O Active Membership w/ Lega	I Defense
Personal Information		
Name		
First	Middle	Last
Address		FOR OFFICAL USE ONLY
Street Address	Address Line 2	Sponsor
City	State ZIP Code	Name
Phone	Personal email	Membership Information
Date of Birth	Sex	 Associate Membership Active Membership Active Membership w/ Legal Defense
//	O Male O Female	Dues Paid Amount
Employment Information		Form of Payment
Employer	How many years?	Presented To
		Name
Duty Title	Division	Receipts/Deposits
Employer Address		Main File
		State/National
Street Address	Address Line 2	O Passed O Failed
City	State ZIP Code	
Law Enforcement Credent		
	Duty or Retired Law Enforcement Credentials with	
Payment Information		d Legal Defense (\$25.85/mo)
Check Cash	Bank Draft *\$0.28 Monthly Bank Draft Fee Apllicab Bank Draft *\$0.28 Monthly Bank Draft Fee Apllicab	ww.scfop12.com
Signature	Date	
	//	PAGE 1 OF 2



BANK DRAFT AUTHORIZATION

Personal Information

Name				
First	Middle	Last		
Address				
Street Address	City		State	ZIP Code
Phone	Mobile Phone	Personal E	mail	
Bank Information				
Name of Bank				
Routing Transit Number				
Account Number				
Draft From O Checking O Savings	Amount O Membership Du	es Only (\$4.53/mo)	O Membership Dues an	d Legal Defense (\$26.13/mo)
Data ta Stavt Duaft				
Date to Start Draft//				
	rs are responsible for all Returned Ch			
Ті	ransactions will appear as SCFOP12 o	n your bank statem	ent.	
BY NOT PARTICIPATING IN A BANK DRAFT, I DUES AND/OR LEGAL DEFENSE FUND DUES. I			,	
I HEREBY AGREE TO KEEP ON DEPOSIT IN				
INDEMNIFY COASTAL CAROLINA LODGE 12 ACCOUNT WITH THE ABOVE STATED INSTIT	UTION. SHOULD COASTAL CAROLINA	LODGE 12, FOP, AND	D/OR SOUTH STATE E	BANK SUSTAIN ANY LOSS
THEY MAY CHARGE THAT LOSS AGAINST AN				DEEM NECESSARY.
YOU	MUST PROVIDE A VOIDED CHECK	WITH THIS APPLIC	ATION	
I herby authorize my bank account to be charg	edSignature		Date	//
- /	_			
	vww.scfopi	ic.coh		



LEGAL DEFENSE PLAN APPLICATION

Personal Information

Name				
First	Middle		Last	
Address				
Street Address	Address Line 2			
City	State ZIPC	Code		
Phone	Employer		Social Secuirity (last 4 numbers)	
Date of Birth	Lodge Number	Personal email		
//				
Payment Arrangements				
\bigcirc I wish to participate in the	bank draft (please complete Banl	k Draft Authorization	form)	
\bigcirc I <u>do not</u> wish to participate	in the bank draft (please comple	te Other Payment Op	tion below)	
Other Payment Options				
Make all annual payments payable to	o: SC Fraternal Order of Police I	Legal Defense Plan		
\bigcirc Check or money order enclosed in the amount of \$259.20.		Check	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 collect ion as they deem necessary.

Signature

Date

____/____/____