



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

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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

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