

**FOR ASSOCIATE MEMBERS ONLY**

NAME OF APPLICANT

(PLEASE PRINT OR TYPE) \_\_\_\_\_  
LAST FIRST MI

ADDRESS OF APPLICANT \_\_\_\_\_  
STREET CITY/STATE ZIP CODE

THIS IS TO VERIFY THAT THE ABOVE NAMED APPLICANT IS A CURRENT ASSOCIATE MEMBER OF LODGE (NAME/NUMBER)

\_\_\_\_\_  
(PRINT OR TYPE)  
AND IS ELIGIBLE TO ENROLL AS A MEMBER OF THE INDIANA FOP LEGAL DEFENSE FUND.

(CHECK THE ONE APPLICABLE)

CORRECTIONS OFFICER\_\_\_\_\_,RESERVE OFFICER\_\_\_\_\_,DISPATCHER\_\_\_\_\_,  
SUPPORT STAFF\_\_\_\_\_.

THIS FORM **MUST** BE SIGNED BY THE LOCAL LODGE PRESIDENT AND SECRETARY AND **MUST** BE MAILED WITH THE LEGAL DEFENSE FUND APPLICATION FORM TO THE STATE FOP SECRETARIES OFFICE.

NO APPLICATION WILL BE ACCEPTED FROM AN ASSOCIATE MEMBER WITHOUT THE ABOVE FORM NOR WILL AN APPLICATION BE ACCEPTED FROM AN ASSOCIATE MEMBER ON-LINE.

LODGE SEAL

SIGNATURES:  
LODGE PRESIDENT \_\_\_\_\_  
PRINTED NAME \_\_\_\_\_  
LODGE SECRETARY \_\_\_\_\_  
PRINTED NAME \_\_\_\_\_