



**MINNESOTA  
FRATERNAL ORDER OF POLICE  
LEGAL DEFENSE PLAN (LDP)**  
612-367-6691, [minnesotafop@gmail.com](mailto:minnesotafop@gmail.com)

## APPLICATION FORM

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I am a member of local Lodge # \_\_\_\_\_ DOB \_\_\_\_\_

(You must be a member of a local lodge in order to apply for LDP. Lodge dues are also payable online.)

Email Address: \_\_\_\_\_

You will be notified by e-mail upon receipt of your application and payment.

Employed by: \_\_\_\_\_ Position: \_\_\_\_\_

POST Number: \_\_\_\_\_

Currently a Retired Law Enforcement Officer? \_\_\_\_\_ YES \_\_\_\_\_ NO

(You must supply a POST number, or be a retired officer or Federal officer in order to qualify for the plan.)

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Annual Amount: \$150.00**

Coverage will commence the first day of the month after the dues are postmarked or fax received. Coverage extends for 12 months.

**Please mail application and check (payable to FOP LDP) to:**

Minnesota Fraternal Order of Police  
P.O. Box 270026 - Golden Valley, MN 55427

If paying by credit card, email the application [minnesotafop@gmail.com](mailto:minnesotafop@gmail.com)

Type \_\_\_\_\_ Number \_\_\_\_\_ Exp date: \_\_\_\_\_

**If you choose to include your local lodge dues, please write separate checks or indicate additional payment on your credit card.**