

Denver Fraternal Order of Police Lodge #41

TO: City of Denver, Payroll Division

FROM: LastName, _____ First, _____ Middle _____

EMPLOYEE ADDRESS: _____

REF: Fraternal Order of Police, Lodge #41, Payroll Dues Deductions

DATE: _____

I, _____ am a member of the Denver Fraternal Order of Police, Lodge #41 (F.O.P.) and request and authorize the City of Denver to deduct from my paycheck \$31.80 each month, for payment of my F.O.P. Dues. I understand that this authorization is revocable and that I must provide not less than 14 days advance written notice to the City's Payroll Division of my desire to terminate this payroll deduction.

I understand that these dues shall be deducted from my paycheck of each month and shall be applied to my membership for the following month. I hereby release and hold harmless the City of Denver, its officers, officials and employees from any errors or omissions in conducting this payroll deduction process. Any shortages, overpayments or membership disputes are my responsibility to resolve with the F.O.P.

I understand that the F.O.P. will receive from the City a notice containing my name and the amount of the dues paid.

The City of Denver reserves the right to terminate this payroll deduction process/procedure at any time with or without notice.

Signed: _____

Office Use Only

Date Received: _____

Received by: _____

Denver Fraternal Order of Police

Lodge #41

Denver Police Members Only

“Obligation”

I, _____ in the presence of the Creator of the Universe and the members of the Fraternal Order of Police here assembled, do most solemnly and sincerely promise and swear that I will to the best of my ability comply with all the laws and rules of the order; that I will recognize the authority of my legally elected officers and obey all orders there from not in conflict with my religious or political views, or my rights as an American Citizen; that I will not cheat, wrong, or defraud this order, or any member thereof, or permit the same to be done if in my power to prevent it; that I will at all times aid and assist a worthy Brother or Sister in sickness or distress, so far as it lies in my power to do so; that I will not divulge any of the secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath or obligation, I hereby consent to be expelled from the Order.

Signature _____

FRATERNAL ORDER OF POLICE

Application Form

(Please Print Clearly or Type)

Name _____
Address _____ City _____
State _____ Zip _____ Date of Birth ____/____/____ S.S.# _____ - _____ - _____
Phone (____) ____ - _____
Date of Hire _____ Agency _____ Title _____
Email Address _____

PLEASE KEEP YOUR LODGE NOTIFIED OF ANY ADDRESS OR PHONE CHANGES

Legal Defense Fund Agreement

To my knowledge, I am not presently named in any suit, action, or proceeding, nor under investigation for a duty related incident, except for the following: _____. I hereby apply for enrollment in the FOP Legal Defense Fund. I agree to abide by all the terms and conditions thereof. I understand that no coverage is in effect until this application is approved and accepted by the Legal Defense Fund Administrator. I agree to be truthful when making a claim and I will agree to release all information required by the LDF Directors.

Date _____ Signature _____

RETURN COMPLETED FORMS TO:

**Officer Jason Duran
District 4
2100 S. Clay St
Denver, CO. 80219**