



More Coverage / Better Quality/ Less Cost to you.

Membership Benefits are Nationally Recognized & Supported
\$56.31 per month – Save Over \$32.00 Per Month/\$385 a Year Vs PPA

- ✓ On-Duty & Off-Duty
 - Covers ALL Civil, Criminal & Administrative Proceedings for Police Actions taken
On or Off-Duty including Rule 105 Appeals from 10 Different Law Offices.
- ✓ Non-Duty (Personal Life Matters)
 - Criminal Defense (Felony & Misdemeanor charges – no parking or traffic tickets)
 - Employment Law
 - General Real Estate
 - Wills, Trusts & Estate Law
 - Medical & Financial Power of Attorney
 - Family Law – Divorce, Child Custody, Support & Restraining Orders*
- ✓ SB-217 Qualified Immunity Coverage
 - Legal Defense & Payment of \$25K if Case Lost
- ✓ Continuing Education Assistance for You AND Your Immediate Family
 - 16 Colleges & Universities Participating in Reduced Tuition Program
 - FREE College for Members and Their Immediate Family from Eastern Gateway Community College & Central State University (both in Ohio)
- ✓ Full Time State & National Lobbyists for Police Concerns & Interests
- ✓ Mental Health & Substance Abuse Programs (Separate from the department at Badge2Badge)
- ✓ Accidental Death & Dismemberment Policy Included
- ✓ Special Member Only Benefits
 - Product Discounts/Travel/Banking/Insurance

The FOP is the Nation's and Colorado's oldest, largest, most influential and most unified voice of our profession. Nationwide, the Fraternal Order of Police has more than 355,000 members, 45 State Lodges and more than 2100 local lodges. In Colorado we have more than 7700 members.

Protecting Those Who Protect Others

Make Sure You Are Covered by the Best Coverage There Is!

Applications & Additional Information Available by:

Sending Completed Forms to Crystal Raymond: DenverFOPLodge41@gmail.com

Email us at: DenverFOPLodge41@gmail.com with any Additional Questions



DENVER FRATERNAL ORDER of POLICE
Lodge #41

TO: City of Denver, Payroll Division

FROM: _____
(Last, First Middle Name)

WORK ADDRESS/ASSIGNMENT: _____

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 \$56.31 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 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 dues paid.

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

Signed: _____

Send Completed Forms to Crystal Raymond: DenverFOPLodge41@gmail.com

OFFICE USE ONLY BELOW THIS LINE

Date Received: _____

Received By: _____



Denver Police Department Employees 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 _____
 Phone (_____) _____ - _____
 Date of Hire _____ Agency Denver Police Dept. Title _____
 PERSONAL Email Address _____

(Absolutely no FOP related information can be sent via the departmental email system) **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 _____ (Print Your Name)
 hereby apply for enrollment in the Denver FOP Lodge #41 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.

Signature _____ Date _____