



FRATERNAL ORDER OF POLICE

BAY STATE LODGE #30

RENEWAL FORM

Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____ Date of Birth: _____

Police Department or Law Enforcement Agency: _____

Annual Dues:

Active/Retired (Full-Time Law Enforcement)	\$60 per. Year	
Associate	\$60 per Year	
	Total:	

Make checks payable to: Bay State Lodge 30

Address: 250 East Main Street, Suite 19

Norton, MA 02766

I, _____, certify that I have read, understand and agree to comply with the Fraternal Order of Police MA Bay State Lodge #30 By-Laws and Constitution. I fully understand that any violation of the bylaws and constitution could result in my suspension or ejection from the lodge.

Signed _____

Date _____

Witness _____

Date _____

*Beneficiary of Accidental/LOD Death Benefit: Name: _____ Relation: _____

(For Lodge information only)

Do not write below this line- Office Use Only

Date of Membership: _____ For Year: _____ Fee Paid: _____ Expiration Date: _____

Membership: Approved ____ Denied ____ Membership #: _____ Sec'y Init: _____

FOP Legal Defense Plan Option on next page



FOP LEGAL DEFENCE PLAN OPTION

As an FOP member, you are eligible for the Legal Defense Plan. Legal defense protection is a necessity for law enforcement professionals. As the frequency and cost of allegations rise, the FOP Legal Defense Plan offers you and your lodge members a very affordable and comprehensive plan.

Legal Defense Plan

This program is designed specifically to cover the law enforcement exposures faced by members of the FOP Legal Defense Plan by paying legal defense costs on behalf of participating members for the following actions and proceedings:

- Coverage A – Administrative (includes Administrative Off-Duty)
- Coverage B – Civil
- Coverage C – Criminal
- Retired Law Enforcement Concealed Carry Coverage – Retired officers can now get unlimited legal defense coverage for civil and criminal claims associated with the legal carrying and use of a concealed weapon.

Individual enrollment

To enroll in individual coverage with legal defense plan, go to FOP Legal Defense Plan web page and follow the instruction to apply. Within 30 days of your application being approved, you will receive a welcome packet, including an ID card and a copy of the plan description.

For immediate assistance, please contact the FOP at 1-800-341-6038 or info@foplegal.com .

1. Full Coverage: Administrative, Criminal & Civil, Concealed Carry	\$324 per Year
2. Partial Criminal & Civil, Concealed Carry (Part Time Officers)	\$72 per Year
3. Retiree Concealed Carry	\$75 per Year

****If you are a Part-Time Officer, you should, at minimum, have option #2.***