### AUXILIARY

# **Application**

Fraternal Order of Police Auxiliary Karl F. Eidam Lodge #9, Columbus, GA

Date:			
Name:		Birth Date:	•
Address:			
Phone #:			
Email:			
Name of F	OP Sponso	r:	
Dues: <u>\$24</u>	<u>.00</u> per yea	ır	
Please Ma	il application	on & dues to: Charlotte Scoggins-Secretary  1464 Handy Road  Newnan, Georgia 30263	
Tonya F	ann – Vice Presid	, ,	'06-5 <b>70-403</b> 0
Reviewed and	Approved by:	Date:	

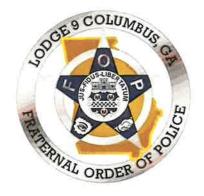
"Never Let Them Walk Alone"

### F.O.P COLUMBUS LODGE #9 - APPLICATION/BENEFICIARY CARD

MEMBER RECOMMENDING APPLICA	NT
MEMBERSHIP AGREEMENT: To the Officers of the Fraternal Order of Pol law enforcement officer, do hereby make ap Columbus Georgia Lodge #9.	ice, I, the applicant, a full time, sworn, regularly employed plication for Active Membership in the Karl F. Eidam –
PERSONAL INFORMATION: APPLICA	NT'S NAME
MAILING ADDRESS:	SSN:
CITY/STATE/ZIP:	DOB:
STREET ADDRESS (IF DIFFERENT)_	
PHONE NUMBER:  Personal email ONLY!  E-MAH:	CELL #:
EMPLOYER INFORMATION:	
AGENCY NAME:	
JOB TITLE:(SWORN OFFICER, DETENTION	OFFICER, CORRECTION OFFICER, EXPLAIN OTHERS)
BENEFICIARY INFORMATION (ALL IN	FORMATION REQUIRED
BENEFICIARY NAME:	RELATIONSHIP:
ADDRESS:	DOB:
CITY/STATE/ZIP:	SSN:
APPLICANTS SIGNATURE:	DATE SIGNED:

#### BENEFICIARY INFORMATION:

PAYMENTS TO BENEFICIARY: At the death of an insured person, the amount of such insured person's personal life insurance will be paid to the named Beneficiary who survived the insured person. If the insured person has not named a Beneficiary, or if no named beneficiary survives the insured person, then payment will be made to the insured person's (1) surviving spouse; or, if none (2) surviving child or children in equal shares; or, if none (3) surviving parent or parents in equal shares; or, if none (4) surviving sibling or siblings in equal shares; or, if none (5) estate. In determining which person is to receive payment, the company may rely upon an affidavit by a member of the class to receive payment.



## FRATERNAL ORDER OF POLICE

"Karl F. Eidam" Lodge 9 Georgia P.O. Box 8404/1222 Broadway Suite 121 Columbus, Georgia 31908 706-536-8157

### AUTHORIZATION FOR PAYROLL DEDUCTION OF FRATERNAL ORDER OF POLICE DUES

Pursuant to City Council action of January 4, 1977, I hereby authorize the deduction from my salary,

the amount of (see below) per year, which is to be remitted Eidam" Lodge 9, Georgia. The dues are to be deducted a period, beginning on the following date Dues	ed to the Fraternal Order of Police, "Karl F. t the rate of (see below) per bi-weekly pay			
FRATERNAL ORDER OF POLICE PO BOX 8404 COLUMBUS, GEORGIA 31908				
Employee's Name ( Print )	Employee's Signature			
Date	Social Security Number			
Employee's Agency	Witness's Signature			
☐ Basic \$5 a pay period for a total of \$130 a year				
$\square$ Civil / Criminal LDP \$5 + \$2.77 = \$7.77 for a total of	f \$202.00 a year			

 $\square$  Admin / Civil / Criminal LDP \$5 + \$12.46 = \$17.46 for a total of \$454.00 a year.