

A U X I L I A R Y

Application

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

Date: _____

Name: _____ Birth Date: _____

Address: _____

Phone #: _____

Email: _____

Name of FOP Sponsor: _____

Dues: \$24.00 per year

Please Mail application & dues to: Charlotte Scoggins-Secretary
1464 Handy Road
Newnan, Georgia 30263

Please Contact if you have any questions:

Tonya Poe-President, Tmpoe8910@gmail.com, Cell: 706-289-9756

Traci Mann – Vice President, bamaguri98@gmail.com, Cell: 706-587-5388

Charlotte Scoggins – Nanascoggins@bellsouth.net or 706-570-4030

Reviewed and Approved by: _____ Date: _____

“Never Let Them Walk Alone”

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

MEMBER RECOMMENDING APPLICANT _____

MEMBERSHIP AGREEMENT:

To the Officers of the Fraternal Order of Police, I, the applicant, a full time, sworn, regularly employed law enforcement officer, do hereby make application for Active Membership in the Karl F. Eidam – Columbus Georgia Lodge #9.

PERSONAL INFORMATION: APPLICANT'S NAME _____

MAILING ADDRESS: _____ **SSN:** _____

CITY/STATE/ZIP: _____ **DOB:** _____

STREET ADDRESS (IF DIFFERENT) _____

PHONE NUMBER: _____ **CELL #:** _____

Personal email ONLY!
E-MAIL: _____

EMPLOYER INFORMATION:

AGENCY NAME: _____

JOB TITLE: _____

(SWORN OFFICER, DETENTION OFFICER, CORRECTION OFFICER, EXPLAIN OTHERS)

BENEFICIARY INFORMATION (ALL INFORMATION 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 to the Fraternal Order of Police, “Karl F. Eidam” Lodge 9, Georgia. The dues are to be deducted at the rate of (see below) per bi-weekly pay period, beginning on the following date _____. Dues should be mailed to

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
- Civil / Criminal LDP \$5 + \$2.77 = \$7.77 for a total of \$202.00 a year
- Admin / Civil / Criminal LDP \$5 + \$12.46 = \$17.46 for a total of \$454.00 a year.