



Fraternal Order of Police Membership Card
A complete card MUST be on file with the State Lodge for ALL members.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Employer / Position: _____

Beneficiary

The State Lodge-sponsored Accidental Death & Disability policy is not valid without an identified Beneficiary and member signature. Please Submit a new card if your beneficiary information changes.

Beneficiary: _____ Relationship: _____

Member SSN: _____ - _____ - _____ Date: _____

Signature: _____

Please complete and return to the Illinois State Lodge. The member and local lodge should maintain a copy.