



# Fraternal Order of Police Membership Card

*A completed card MUST be on file with the State Lodge for ALL members.*

Lodge Number \_\_\_\_\_

Member Full Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

HOME Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

The Accidental Death & Dismemberment police will pay out to the beneficiary listed on file. If no beneficiary is listed, the insurance company will follow set protocols. Make your decisions known.

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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