

**KANSAS CITY, MISSOURI
FRATERNAL ORDER OF POLICE, LODGE #99**

"A Missouri Non-Profit Organization"

7048 Universal

Kansas City, MO 64120 | 816.231.8011

<http://www.kcfop.org>



Joining is easy!

Attached you will find an application and an account draft form.

Instructions for the procedure to begin account draft of dues for Kansas City, Missouri FOP Lodge #99 are listed below.

- 1. Simply fill out the Credit Union form.**
- 2. Complete the Kansas City, Missouri FOP Lodge #99 Application Form.**
- 3. Return both to either the members below, a trustee or Executive Board member.**

You're all set!

The additional documents are for your information.

Josh Clevenger

Planning & Research

Cell: 835-6841

**Inter-department Mail to either at Planning & Research, or you can send to:
Kansas City, Missouri FOP Lodge #99
7048 Universal
Kansas City, MO 64120**

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Please Print Clearly -

	Membership Type	Annual Dues	Payroll Deduction per Pay Day
<input type="checkbox"/>	Full Time Law Enforcement Officer	\$420.00	\$17.50
<input type="checkbox"/>	Retired Law Enforcement Officer	\$150.00	\$6.25
<input type="checkbox"/>	Civilian Auxiliary (With Legal Coverage)	\$270.00	\$11.25
<input type="checkbox"/>	Civilian Auxiliary (Without Legal Coverage)	\$120.00	\$5.00
<input type="checkbox"/>	Business/Associate	\$110.00	\$0.00

Last Name: _____ First: _____ MI: _____

Date of Birth: _____ Social Security # _____

Gender _____ Race _____ **(Not required–Collected only for statistical purposes.)*

K.C. Police Credit Union Account # _____ Department Serial # _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Assignment: _____ Rank: _____

E-mail Address: _____ T-shirt size:(M/L/XL/XXL) _____

Marital Status: (M, D, S, W) _____ Spouses Name: _____

Beneficiary if other than spouse: _____

Recruited by: _____ Serial # _____

I agree to abide by the bylaws of the Kansas City, Missouri FOP Lodge #99 and request that the Kansas City, Missouri FOP Lodge #99 be recognized as the exclusive bargaining representative for the sworn members of the KCPD below the rank of captain.

Signature: _____ **Date:** _____

Due to processing procedures, Insurance and Legal Plan Coverage will not be effective until 45 days after completed application is received and approved.

Office Use Only:	
Trustee/Board Member receiving application: _____	Membership approval date: _____
Date received: _____	

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MEMBER INSURANCE BENEFITS

Kansas City, Missouri FOP Lodge #99 Members:

Members are automatically covered with the following;

At the present time members are afforded the following insurance benefits through the Missouri State Lodge, F.O.P., via the per capita tax, which is already covered by your dues;

- * \$5000 - Accidental Death by Bodily Injury/Dismemberment
24 hour coverage
- * \$10,000 - Line of Duty Death/Dismemberment
- * \$12,500 - Occupational Assault - Line of Duty
Death/Dismemberment

* - *See policy documentation for benefit details*

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ADDITIONAL MEMBER BENEFITS

As a member of Kansas City, Missouri FOP Lodge #99, you are also entitled to the following **"MEMBERS ONLY"** benefits, depending on your specific membership type;

- Professional Web Site
- Special Discount on Internet Service - Members Only: \$10.00 per month unlimited access through K.C. Micro
- Organized Representation
- Legal Representative, participating on Lodge #99's behalf, at Lodge meetings, Police Board meetings, Retirement Board meetings, and Police Board hearings
- Legal Defense for unjust job actions
- Legal Plan for criminal cases
- Member Discount for non-department related legal needs
- Additional benefits provide by the National Fraternal Order of Police
- Affiliation with the nations oldest and most respected professional Police organization, over 324,000 members strong

Additional "Members Only" benefits currently in the planning stage include increased pay out on all current insurance plans, as well as adding Supplemental Life provisions.

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**DUES SIGN-UP SHEET
KCMO FOP LODGE #99
7048 Universal Avenue
Kansas City, Mo 64120**

I, _____ hereby authorize the KCMO FOP Lodge 99 to debit my
(Please Print Legibly)

account bi-weekly, on KCPD paydays, in the amount of \$_____.
(See attached application for amount)

Please choose one of the options below:

_____ Please debit my account at the KC Police Credit Union.

_____ checking or savings (please circle one)
Account Number

OR

_____ Please debit my account at the following institution:

FINANCIAL INSTITUTION ROUTING NUMBER ACCOUNT
NUMBER

PLEASE ATTACH VOIDED CHECK TO VERIFY INFORMATION IF OTHER THAN KCPCU.

This deduction from my account is to happen each payday excluding the third payday of a single month until further notice.

Signature: _____ Date: _____

CHECK OUT OUR WEBSITE AT [HTTP://WWW.KCFOP.ORG](http://WWW.KCFOP.ORG)