

KANSAS CITY, MISSOURI
FRATERNAL ORDER OF POLICE, LODGE #99
"A Missouri Non-Profit Organization"
7048 Universal
Kansas City, MO 64120



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 member below, a trustee or Executive Board member.**

You're all set!

The additional documents are for your information.

Jon Hess

Lodge Secretary
Sex Crimes Section
Cell: 835-7504

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

**REMEMBER: BENEFITS DO NOT START UNTIL YOU HAVE
SUBMITTED THE APPLICATION AND ARE VOTED IN AS A MEMBER!**

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KANSAS CITY, MISSOURI FOP LODGE #99 MEMBERSHIP APPLICATION

- 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: _____

PERSONAL 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.

Signature: _____ **Date:** _____

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

Office Use Only:

Trustee/Board Member receiving application: _____

Date received: _____ Membership approval date: _____

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DUES SIGN-UP SHEET

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

debit my 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:

NUMBER	FINANCIAL INSTITUTION	ROUTING NUMBER	ACCOUNT
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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: _____