



Kermit C. Sanders Lodge 13
PO Box 360
Marietta, Ga. 30061
www.foplodge13.org

MEMBERSHIP APPLICATION & BENEFICIARY FORM

Please scan and e-mail to: kslodge13@gmail.com & kermitsanders13@gmail.com

\$100 Active - \$40 Retired - \$50 Associate New App: _____ Update _____

Name: (Please Print) _____

DOB: _____ Home E-Mail address: _____
(DO NOT USE GOVERNMENT E-MAIL ADDRESS)

Active: ___ Retired ___ Associate ___ (Please provide copy of Retired ID if claiming retired status)

Department: _____

Address: _____

Home/Cell # _____

1st Beneficiary: _____

Home E-Mail: _____ Home/Cell# _____

Address: _____

2nd Beneficiary: _____

Home E-Mail: _____ Home/Cell # _____

Address: _____

**** Please note you must be a current member of Lodge 13 before you qualify to join the National Legal Defense Plan**** Members must purchase this coverage separate from our local lodge dues in order to join the FOP Legal Defense Plan (www.foplegal.com) to receive legal services. The cost of this plan via our national organization is \$72 a year for **UNLIMITED** legal coverage for any **criminal** (includes Critical Incidents) or **civil** action taken against the member. The cost of **UNLIMITED** legal coverage for criminal, civil and administrative coverage is \$324 a year. Retired Conceal Carry **UNLIMITED** criminal/civil coverage is \$75. **Sign-up and payment to these plans is the sole responsibility of the member.** Go to www.foplegal.com to sign up or contact any executive board member for information.

It is the member's responsibility to keep their information up to date and correct. Both the State & Local Lodge must pay any insurance benefits as noted on the most recent document submitted by the member. Please use this document to start or update your address and benefits information. (April 2024)

Fraternal Order of Police
Kermit Sanders Lodge 13
PO Box 360, Marietta Ga. 30061
<https://www.foplodge13.org>

I, the undersigned, a full-time, duly appointed, regularly employed law enforcement officer or retired law enforcement officer, agree to be bound by the following obligation of the Order:

OATH OF OBLIGATION

In the presence of the Creator of the Universe, do most solemnly and sincerely promise and swear, that I will, to the best of my ability, comply with all the Laws and Rules of this Order: that I will recognize the authority of my legally elected officers and obey all orders there from, not in conflict with my religious or political views, or my rights as an American Citizen: I also am not associated with or a member of any party / organization regardless of what name known which advocates the abolition, destruction, or violent overthrow of the United States or any state or political subdivision thereof. I will not cheat, wrong or defraud this order, or any member thereof, or permit the same to be done if in my power to prevent it: that I will at all times aid and assist a worthy Brother or Sister in sickness or distress, so far as it lies in my power to do so: that I will not divulge any of the secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely swear. Should I violate this, my solemn oath and obligation, I hereby consent to be expelled from this Order. I have read and understand the Oath of Obligation of the Fraternal Order of Police printed above. I have affixed my signature below as receiving and agreeing to such obligation, also I hereby agree to return to the lodge my membership card and any other materials bearing the Fraternal Order of Police (F.O.P.) insignia if instructed to do so.

I agree to the Oath & Obligation _____

Your signature acknowledges your acceptance of the Oath of Obligation & Beneficiary Form

Date: _____ Signature: _____