



Larimer County

Fraternal Order Of Police Lodge 4

Obligation

I, _____ ' in the presence of the Creator of the Universe and the members of the Fraternal Order Of Police here assembled, 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 order; that I will recognize the authority of my legally elected officers and obey all orders there from not in conflict with my religious and or political views, or my rights as an American Citizen; that I will no 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 secrets of this Order to anyone not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath or obligation, I hereby consent to be expelled from the Order.

Signature _____ DATE _____

NAME: _____ DATE OF BIRTH: _____

RANK/TITLE: _____ EMPLOYEE NUMBER _____

HOME ADDRESS: _____ CITY: _____

STATE: Colorado ZIP: _____ PHONE (____) _____ - _____ ALT. PHONE (____) _____ - _____

PERSONAL EMAIL ADDRESS _____

- Membership: Option 1-A _____ With Legal Defense + SB217 Coverage
- Option 1-B _____ With Legal Defense
- Option 2 _____ **Without** Legal Defense
- Option 3 _____ Retired Membership

Legal Defense Fund Agreement (Option 1 A/B Only)

To my knowledge, I am not presently named in any suit, action, or proceeding, nor under investigation for a duty related incident, except for the following: _____. I hereby apply for enrollment in the Colorado FOP Legal Defense Fund. I agree to abide by all the terms and conditions thereof. I understand that no coverage is in effect until this application is approved by the Larimer County Fraternal Order of Police Lodge 4. I agree to be truthful when making a claim and I will agree to release all information required by the LDF coordinators.

Signature _____ Date _____

** For **NON-DUTY** plan coverage please visit our website www.larimercountyfop.com

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