

**SLPOA/FOP LODGE 68 RETIREE APPLICATION  
ANNUAL MEMBERSHIP DUES - \$75**

Please make your check payable to: SLPOA/FOP Lodge 68

MAIL TO: SLPOA/FOP Lodge 68  
3710 Hampton Ave  
St. Louis, Missouri 63109

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Beneficiary Information For SLPOA Accidental Death Insurance:**

Beneficiary: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For more information about the FOP Legal Defense Plan for retired concealed carry coverage (for an additional \$75 per year) please visit [www.foplegal.com](http://www.foplegal.com) or contact the SLPOA for assistance or more information.*