



St. Johns County
Lodge #1113
Fraternal Order of Police

Bi-Weekly Auto-Pay Enrollment Membership Dues & Legal Defense

Member Information			
Full Name:		Agency:	
Phone #:	*Email Address:		
Address:	City:	State:	Zip:

**Government Email Addresses are not accepted due to public records laws.*

Enrollment Selection	
<i>Initial each option you authorize.</i>	
_____	FOP #113 Membership Dues (\$10.58 bi-weekly)
_____	FOP Legal Defense Coverage (\$13.84 bi-weekly)
Payment Method	
<i>Initial each option you authorize.</i>	
<input type="checkbox"/> ACH Direct Draft (Recommended) <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card	
Payment information will be securely entered through the auto-pay enrollment link provided by the Lodge.	

Authorization & Acknowledgement
<p>I authorize St. Johns County Fraternal Order of Police Lodge #113 to process automatic bi-weekly payments for the options I have selected above.</p> <p>I understand that failure to maintain current payments may result in interruption, suspension, or loss of Lodge membership and/or participation in the FOP Legal Defense Fund.</p> <p>I further understand that membership benefits and participation in the Legal Defense Fund are contingent upon my account remaining in good standing. If a scheduled payment is declined, returned, or otherwise not completed, coverage and membership benefits may be suspended until the account is brought current. The Lodge cannot guarantee legal defense coverage for incidents occurring during any period in which my account is not in good standing due to missed or declined payments. Initial: _____</p>

Print Name	Signature	Date
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