



NATIONAL LAW ENFORCEMENT OFFICER'S LEGAL DEFENSE FUND, INC.

"Defending Those Who Protect & Serve"

2021 MEMBERSHIP APPLICATION

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PLEASE FILL OUT APPLICATION COMPLETELY AND RETURN TO REPRESENTATIVE

I hereby apply for enrollment in the National Law Enforcement Officer's Legal Defense Fund, Inc., (NLEODF). I understand that coverage and/or benefits associated with the NLEODF shall be those approved by the NLEODF Trustees. If my application is accepted, the Plan Administrator will notify the member of his or her acceptance and coverage will begin the 1st day of the month immediately preceding the date the application was received.

PLEASE CHECK ONE: (Failure to disclose may result in the denial of any claim)

To my knowledge, I am not presently named as part of any lawsuit, action or proceeding nor am I under investigation for any on-duty or off-duty incident.

I am presently named in an action, litigation or lawsuit; or I am under investigation for an on-duty or off-duty incident (Please disclose any incident below):

NAME: _____ AGENCY: _____

ADDRESS: _____ CITY/TOWN: _____ STATE: _____

ZIP: _____ PHONE: _____ E-MAIL: _____

EMPLOYER: _____ FULL-TIME: _____ PART-TIME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

RANK: _____ YEARS OF SERVICE: _____ POSITION: _____

SIGNATURE: _____ DATE: _____