



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

*"Defending Those Who Protect & Serve"*

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## 2021 MEMBERSHIP APPLICATION

**PLEASE FILL OUT APPLICATION COMPLETELY AND RETURN WITH A \$400 CHECK TO REPRESENTATIVE**

I hereby apply for enrollment in the National Law Enforcement Officer's Legal Defense Fund, Inc., (NLEOLDF). I understand that coverage and/or benefits associated with the NLEODF shall be those approved by the NLEOLDF 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 proceeding 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).

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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: \_\_\_\_\_

FOR OFFICE USE ONLY:  APPROVED  DENIED  ADDITIONAL INFO NEEDED