



FOP MEMBERSHIP SIGNUP & AUXILIARY SIGN UP ACH Recurring Payment Authorization Form

Membership Qualification Disclaimer:

By completing and signing this application, I assert that I am either a retired law enforcement officer or that I have spent a minimum of 10 years in law enforcement and did not leave due to a crime in which I was convicted, or a sustained allegation of theft or other moral turpitude. I acknowledge that if I am not a retired law enforcement officer of this or any other state, my application will be reviewed by the executive board for acceptance. I further acknowledge that my membership is officially valid only when a membership number has been assigned by the National FOP.

Please complete the information below:

NAME: _____ DOB: _____

EMAIL: _____ CELL #: _____

ADDRESS: _____

SPOUSE NAME (if selecting auxiliary) _____

SPOUSE EMAIL: _____ CELL# _____

SELECT OPTIONS THAT APPLY with "X":

MEMBERSHIP W/LEGAL COVERAGE: _____ (\$365/year) Plan details under "legal" tab at
www.utahstatefop.com

- OR -

MEMBERSHIP WITHOUT LEGAL: _____ (\$125/year)

- AND -

AUXILIARY MEMBERSHIP: _____ (\$25/year) must be immediate family of FOP member

TOTAL: \$ _____ (reminder that you cannot sign up for legal & no legal, but you can combine one of those with Auxiliary for spouse or adult family member)

(Over)

I _____ authorize **Jim Crowley FOP Lodge 51** to charge my bank account
(full name)

indicated below annually for payment of my **full year per capita**.

TO PAY BY CREDIT CARD:

NAME ON CARD: _____

CARD NUMBER: _____ EXP _____ CCV _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Jim Crowley FOP Lodge 51** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Jim Crowley FOP Lodge 51** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

** DELIVER THIS COMPLETED APPLICATION/ACH FORM TO:

JIM CROWLEY FOP LODGE 51
8941 SOUTH 700 EAST #203
SANDY, UT 84070

- OR -

SCAN and EMAIL TO: katie@nelsonjoneslegal.com

You may also send a check for the amount total on the front, however you will be responsible to send updated payment each year.

(Over)