



Dallas FRATERNAL ORDER of Police

Lodge 588

Protecting Those Who Protect Others

1414 N. Washington Dallas, TX 75204
Office: (214) 821-3479 Fax (214) 826-9078
Web: www.dallasfop.com

MEMBERSHIP APPLICATION

Last Name _____ First _____ MI _____

Address: _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Other _____

Email: _____

DOB _____ SS# _____

Beneficiary: Last _____ First _____ Relationship _____

Spouse: Last _____ First _____

Employee # _____ Badge # _____ Rank _____

Work Location _____ Watch _____ Work # _____

IMPORTANT : The DFOP will only represent you in those incidents that occur after joining the lodge.

Signature _____ Application Date: _____

I hereby authorize the City of Dallas, City Manager, and City Auditor to deduct and pay to the organization named 1.0% of a Starting Police Officer, (U2-1) monthly salary or wages for membership dues in:

**DALLAS FRATERNAL ORDER OF POLICE
LODGE 588**

as provided by resolution of the City Council of the City of Dallas, April 10, 1972. Such deductions shall be in accordance with policies covering payroll deductions, including policies to allocate such deductions to semi-monthly, bi-weekly, or weekly deductions schedules. This authorization is effective first deduction period after submitted and shall continue until cancelled.

Date _____ Signature _____

Department _____ Employee Number _____ Payroll Code 06



DFOP MEMBERSHIP INFORMATION AND BENEFICIARY DESIGNATION

DFOP must maintain the following data in servicing your membership and retirement contributions. Please complete this form and return it to our office for processing. **ALL INCOMPLETE FORMS WILL BE CONSIDERED INVALID AND RETURNED.**

DO NOT MAKE ERASURES OR ALTERATIONS.

Employed by CITY OF DALLAS New Member Current Member Retired Member

PLEASE PRINT IN INK OR TYPE

Your Social Security number _____ - _____ - _____ as it appears on your Social Security Card.

Date of Birth (MM-DD-YY) _____ - _____ - _____

Place a "X" in the appropriate box. Sex: Male Female

Name: First _____ MI _____ Last _____

Address: _____

City: _____ State: TX Zip: _____ - _____

Phone: Home () _____ Work () _____

BENEFICIARY INFORMATION

As a DFOP member, you must designate a beneficiary to receive benefits which may be payable upon your death. The designation may be changed at any time by completing and filing a new form. For death benefits payable, refer to the reverse side of this page. "Texas State Current Benefits 2009".

TO BE VALID - This form **MUST BE FILED WITH DFOP PRIOR TO THE DATE OF YOUR DEATH.** Please designate your beneficiary in the space provided below. **You must specify Beneficiary (ies) by name, relationship, and include date of birth if a minor.**

DO NOT MAKE ERASURES OR ALTERATIONS.

1. _____ 2. _____ 3. _____

TO BE VALID, ALL MEMBERS MUST SIGN AND DATE THIS FORM .

MEMBER'S SIGNATURE _____ DATE ____/____/____

RETURN TO: Dallas Fraternal Order of Police ~ 1414 N Washington Ave. ~ Dallas, TX 75204

• PROUD TO BE FOP •