

**Fraternal Order of Police  
Utah County Lodge #31**

**Lodge Membership Registration**

Prior to completing this form, please refer to the **Lodge Enrollment Information** form. To initiate your membership in the Utah County Lodge #31 of the Fraternal Order of Police (FOP), please indicate your intentions by checking ONE (1) option below:

\_\_\_\_\_ I want to join the Utah County Lodge #31 and have coverage by the Utah State Legal Defense Plan effective as soon as possible. (Such coverage is [nearly] immediate.) I have attached a signed **Payroll Withholding Authorization** form authorizing my human resources/personnel department to withhold the appropriate amount my payroll. *No initial payment is required for this option.*

\_\_\_ I want to join the Utah County Lodge #31, but would like to be contacted regarding my atypical situation. (Atypical situations include, but are not limited to the following: membership in the Fraternal Order of Police without the benefit of legal defense coverage, retired membership, payment of dues directly to the Lodge, etc.)

I \_\_\_\_\_, in the presence of the Creator of the Universe and the members of the Fraternal Order of Police here assembled, do most solemnly and sincerely promise and swear, that I will to the best of my ability comply with all the laws and rules of this Order; that I will recognize the authority of my legally elected officers and obey all orders there from not in conflict with my religious or political views, or my rights as an American citizen; that I will not cheat, wrong, or defraud this Order, or any member thereof, or permit the same to be done if in my power to prevent it; that I will at all times aid and assist a worthy Brother (or Sister) in sickness or distress so far as it lies in my power to do so; that I will not divulge any of the secrets of this Order to any one not entitled to receive them. To all of which I most solemnly and sincerely promise and swear. Should I violate this, my solemn oath or obligation, I hereby consent to be expelled from the Order.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full printed name: \_\_\_\_\_ DOB: \_\_\_\_\_

Personal email: \_\_\_\_\_ Personal phone: \_\_\_\_\_

Home address (required): \_\_\_\_\_

City: \_\_\_\_\_ UT ZIP: \_\_\_\_\_

Agency/Department: \_\_\_\_\_ Rank: \_\_\_\_\_

Work email: \_\_\_\_\_ Work phone: \_\_\_\_\_

Spouse name: \_\_\_\_\_ Spouse phone: \_\_\_\_\_

Remit all forms and payments to the address below or directly to the Lodge Treasurer (not your agency).



Utah County Lodge #31  
Fraternal Order of Police  
PO Box 984  
Spanish Fork, Utah 84660-6984

**Fraternal Order of Police  
Utah County Lodge #31**

**Payroll Withholding Authorization**

**Re: Fraternal Order of Police Dues Payroll Withholding**

To whom it may concern:

I hereby authorize my human resources/personnel department to withhold from my payroll the amount of **\$23.00** for 24 (bi-weekly) pay periods each year (for a total of \$552.00 annually).\* These funds will then be forwarded to the Fraternal Order of Police, Utah County Lodge #31.

\* Monthly payroll withholding for standard dues is \$46.00.

**I do NOT want legal defense coverage.** To waive the legal defense coverage, please initial immediately below:

\_\_\_ I hereby wave all coverage by all legal defense plans offered through the Fraternal Order of Police. Accordingly, my FOP dues will be only **\$10.00** for 24 (bi-weekly) pay periods each year (for a total of \$240.00 annually). \*\*

\*\* If the legal defense coverage is waived, monthly withholding amount is \$20.00.

**I understand that the amounts for dues and the legal defense coverage may change from year-to-year. I hereby authorize my human resources/personnel department and the payroll officer to process such changes (as directed by the Lodge Treasurer) without further authorization from myself until I withdraw this authorization. (Notwithstanding, I will be notified by the Lodge not less than 30 days prior to the effective date of any such changes.) I also understand that the bi-weekly withholdings will only apply for 24 pay periods each the year.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Agency/Department: \_\_\_\_\_ Work phone: \_\_\_\_\_

Official work email: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
(only needed for Utah State employees)

Please email completed form (along with a completed **Lodge Membership Registration** form) to [utcofopt@outlook.com](mailto:utcofopt@outlook.com) or mail to:



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Fraternal Order of Police  
PO Box 984  
Spanish Fork, Utah 84660-6984

**ATTENTION Human Resources/Personnel Department:** Please remit all withholdings and withholding reports to the address above and make checks payable to **Utah County Lodge #31 FOP**. If you have questions or can initiate direct deposit (ACH) for payments (if not already in effect), please contact us.