



**FOP State Trooper Lodge # 69**  
**2832 Nine Mile Circle, Catonsville, MD 21228**  
**(410) 465-2323**  
[www.foplodge69.com](http://www.foplodge69.com)



Dear Associate Applicant:

Fraternal Order of Police State Trooper Lodge 69, Inc. accepts applications from citizens of good moral character to participate as Associate Members.

Lodge 69 was chartered in March 1970. Since that time, its membership and benefits have been growing. In fact, Lodge 69 has a beautiful hall in Catonsville which is available for rental for all occasions. "The Lodge" is located at 2832 Nine Mile Circle.

As an Associate Member of Lodge 69, you may participate in all of the monthly meetings and attend all social functions sponsored by the Lodge. You will also be automatically enrolled in the Lodge's Life Insurance Program which entitles you to \$2,000 of Term Life Insurance. You will receive a membership card and decal that may be displayed on your vehicle.

Dues to become an Associate Member are sixty dollars (\$75) per year. This fee should be enclosed with your completed application. Make checks payable to *State Trooper Lodge 69*. If for some reason the membership does not accept your application, your application/dues fee will be refunded.

In order for us to process your application as quickly as possible it is imperative that your application be filled out completely and accurately. In addition, you must complete the attached beneficiary card and submit it with your application. Failure to complete the required information will delay your membership approval. Your signature authorizes the membership committee, or any authorized member to conduct a brief background check to verify character and integrity.

State Trooper Lodge 69 looks forward to seeing you as a member at scheduled monthly meetings. Questions regarding Associate Membership may be directed to [info@foplodge69.com](mailto:info@foplodge69.com).

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert Iman'.

Robert Iman  
President

"THEY DO SO MUCH MORE"



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**APPLICATION FOR ASSOCIATE MEMBERSHIP**

I, the undersigned, certify I am an American citizen of age and good moral character. I hereby apply for admission as Associate Member of Maryland State Trooper Lodge 69, Inc., Fraternal Order of Police. If elected to membership, I promise to abide by the constitution and by-laws of the Lodge and conduct myself in such a manner as not to bring reproach upon the Fraternal Order of Police or upon myself. I also agree that a violation of this pledge shall result in the forfeiture of membership and all of its privileges. If my membership shall be revoked for any cause, I do hereby agree to return the Lodge Membership card, decal and auto emblem signifying my association with the Lodge.

Name(First, Middle, Last): \_\_\_\_\_

Address: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security : \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

Applicant Sponsored By: \_\_\_\_\_

**FOP FOP LODGE 69 PURPOSES ONLY**

Dues Received: YES / NO CASH / CHECK # \_\_\_\_\_ AMOUNT \_\_\_\_\_ DATE \_\_\_\_\_

Membership Approved: YES / NO DATE \_\_\_\_\_

Notes: \_\_\_\_\_

INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK)					
Employee/Retired Employee Name		SSN	Date of Birth	Home Telephone Number	
Home Address		City	State	Zip	
Employer			Group Number		
Irrevocable Beneficiary: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Note:</b> If you select irrevocable beneficiary, you may not change the beneficiary without the consent of the irrevocable beneficiary. An irrevocable beneficiary has a vested interest in the proceeds of the contract, therefore the contract holder cannot exercise certain rights without the permission of the irrevocable beneficiary.					
DEFINITIONS & STATEMENTS					
<b>Primary Beneficiary</b> means the person or persons who will receive the benefits in the event of the Insured's death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named, unless otherwise indicated. If percentages are listed, the total of the combination must equal 100%. <b>Contingent Beneficiary</b> means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the Insured's death. <b>Will or Trust as Beneficiary Designation</b> can be done by using the following written statement: "To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust]." If you wish to designate a testamentary trust as beneficiary (i.e. created by will), you should recognize the possibility that your will which was intended to create a trust may not be admitted to probate (because it is lost, contested or suspended by a later will). Claim payment delays can result if the beneficiary designation does not provide for this situation. ** <b>Minors as Beneficiary Designation</b> can be done by using this document. However, please note if your beneficiary is a minor at the time of claim, payments may be delayed due to special issues raised by these designations. ** <b>Dependent Beneficiary</b> – In the event a dependent dies, the employee is the beneficiary of their life insurance proceeds. **You may want to obtain the assistance of an attorney to help consider any special circumstances before drafting your beneficiary designation.					
BENEFICIARY DESIGNATION FOR ALL EMPLOYEE/RETIRED EMPLOYEE LIFE BENEFITS					
Primary Beneficiary	Birth Date	Relationship	Social Security #	Address	%
Contingent Beneficiary	Birth Date	Relationship	Social Security #	Address	%

**WARNING:** Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in Oregon or Virginia.)

Employee/Retired Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Important Note For Married Employees:** If you live in a community property state/territory, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states/territories currently include: AZ, CA, GU, ID, LA, NM, NV, PR, TX, WA and WI. Payment of benefits may be delayed or disputed unless your spouse consents to waive his or her rights to any community property interest in the benefits. We have provided below a "Spousal Consent for Community Property States" for your spouse's signature. **FORT DEARBORN WILL NOT BE LIABLE FOR DAMAGES DUE TO ANY DELAY OR DISPUTE IN PAYMENT OF BENEFITS IF YOU CHOOSE NOT TO OBTAIN YOUR SPOUSE'S SIGNATURE.**

**Spousal Consent for Community Property States/Territories:** I hereby consent to the Primary Beneficiary designated by my spouse. This consent supersedes any prior spousal consent I may have given under this plan.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_  Employee has no legal spouse

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