



HATCHER COLE LODGE NUMBER 38

Post Office Box 1054
Mechanicsville, Virginia 23111

BENEFITS OF MEMBERSHIP

As a member of the Hatcher Cole Lodge No.38 Fraternal Order of Police (FOP), you are entitled to several benefits, including the benefits listed below:

- **** Ability to purchase *FOP Legal Defense Plan***, this plan provides you a Lawyer & legal representation in ANY, civil, criminal or administrative actions arising within the scope of law-enforcement employment. (Duty-related conduct)
- Ability to purchase ***FOP Moonlighting Liability insurance*** protecting you during extra- duty jobs. *Purchase available through the Legal Defense Plan.*
- *****Union College benefit with No or Low Out-of-Pocket Costs*** for *FOP members and their families* through accredited Community College(s), both Associates and Bachelor's degrees in Criminal Justice, Cybersecurity, Psychology, Business and MORE.
- Line of duty Death Benefit of \$2,500.00 presented to Hatcher Cole Lodge No.38 sworn, active member's legal spouse, children or parents.
- Accidental death insurance of \$3,500 for any active member.
- Eligibility for FOP personalized State license plates and the ability to order FOP merchandise including auto emblems, t-shirts, license plate frames, etc.
- Automatic membership in the State and National FOP Lodges.
- Discount membership at Mechanicsville Anytime Fitness, which then your membership can be used to work out at any of the other Anytime Fitness locations.

WEBSITE: hatchercolefop38.com for more Information / Applications



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APPLICATION FOR MEMBERSHIP

To the officers of the Hatcher Cole Fraternal Order of Police Lodge #38:

I, the undersigned, a sworn law enforcement officer, honorably retired law enforcement officer, or friends or family of law enforcement, do hereby make application to Active Membership in the Hatcher Cole Fraternal Order of Police.

TYPE OR PRINT THE FOLLOWING:

CHECK ONE Sworn Law Enforcement Retired Law Enforcement Associate Member

Applicant's Name: _____

Address: _____

City and State: _____ Zip: _____

Phone (Home): _____ (Cell): _____ Other: _____

Date of Birth: _____ Home Email Address: _____

Department: _____ Work E-Mail: _____

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If your membership should be revoked or discontinued for any cause, I hereby agree to return said lodge my membership card, lodge key, and any other material bearing the FOP emblem.

Signed: _____ Date: _____

Please make checks payable to **HCFOP#38** for Law Enforcement membership or **HCFOPA#38** for Associate membership; Membership dues for one year are \$40.00 and due at swearing in ceremony. Thereafter, membership dues are due January 1 of every year.

Date paid: _____ amount paid: _____ check #: _____

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New Member: _____ Transfer Member: _____ Previous Lodge: _____

Letter of Transfer Received: _____

Application Presented to Members: _____ Date of Vote: _____

Accepted: _____ Denied: _____ Sworn In: _____

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We will contact you once your application has been reviewed and voted on by the membership.