



# Kansas City, Missouri

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## Fraternal Order of Police Lodge #99

527 W 39<sup>th</sup> Ste 201, Kansas City, Mo 64111

816-231-8011 [www.kcfop.org](http://www.kcfop.org)

### **Joining is easy!**

Attached you will find an application and an account draft form.

Following are the instructions to begin the account draft for dues for the Kansas City, Missouri FOP Lodge #99:

1. Fill out the Dues Deduction Card
2. Complete the Kansas City, Missouri FOP Lodge #99 Application
3. Return both forms to either the members below, a trustee, or Executive Board member.

All other documents are for your information.

### **Contacts**

**Phil Travis**

TEU - 802 Squad

Cell: 816.835.6958

[ptravis@kcfop.org](mailto:ptravis@kcfop.org)

**Brad Lemon**

FOP Liaison

816.806.8634

[brad.lemon@kcfop.org](mailto:brad.lemon@kcfop.org)

**Jennifer Miller**

Violent Crimes Div.

[jmiller@kcfop.org](mailto:jmiller@kcfop.org)

Inter-department Mail to **Phil Travis**, Traffic Enforcement Unit, or you can mail it to :

Kansas City, Missouri FOP Lodge #99

527 W. 39<sup>th</sup> St., Suite 201

Kansas City, MO 64111

**KANSAS CITY, MISSOURI  
FRATERNAL ORDER OF POLICE, LODGE #99**

*"A Missouri Non-Profitization"*  
527 W 39th Street, Suite 201  
Kansas City, MO 64111 | 816.231.8011  
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## **MEMBER INSURANCE BENEFITS**

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Kansas City, Missouri FOP Lodge #99 Law Enforcement Members:

Members are automatically covered with the following;

At the present time members are afforded the following insurance benefits through the Missouri State Lodge, F.O.P., via the per capita tax, which is already covered by your dues;

- \* \$5000 - Accidental Death by Bodily Injury/Dismemberment  
24 hour coverage
- \* \$10,000 - Line of Duty Death/Dismemberment
- \* \$12,500 - Occupational Assault - Line of Duty  
Death/Dismemberment
- \* \$5000 - Non-Sworn members: Accidental Death by Bodily Injury/  
Dismemberment

\* - *See policy documentation for benefit details*



## ADDITIONAL MEMBER BENEFITS

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As a member of Kansas City, Missouri FOP Lodge #99, you are also entitled to the following "**MEMBERS ONLY**" benefits, depending on your specific membership type;

- Mobile App (Android & iPhone) for staying informed
- Professional Web Site
- Affiliation with the nations oldest and most respected professional Police organization, over 324,000 members strong
- Organized Representation
- Legal Representative, participating on Lodge #99's behalf, at Lodge meetings, Police Board meetings, Retirement Board meetings, and Police Board hearings
- Legal Defense for unjust job actions
- Legal Plan for criminal cases
- Member Discount for non-department related legal needs
- Additional benefits provide by the National Fraternal Order of Police

*Additional "Members Only" benefits currently in the planning stage include increased pay out on all current insurance plans, as well as adding Supplemental Life provisions.*

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*Please Print Clearly -*

<b>Membership Type</b>	<b>Annual Dues</b>	<b>Payroll Deduction per Payday</b>
Full Time Law Enforcement Officer	2.0% of Officer Step B	\$35.05
Full Time Civilian Member	\$420.00	\$17.50
Reserve Officer (w/ Legal Coverage)	1.5% of Officer Step B	\$27.12
Retired LEO and Non Sworn, <b>under</b> age 65	\$41.00	
Retired LEO and Non Sworn, <b>over</b> age 65	FREE	

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_ *\*(Not required–Collected only for statistical purposes.)*

Department Serial # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Assignment: \_\_\_\_\_ Rank: \_\_\_\_\_

**Personal** E-mail Address: \_\_\_\_\_ T-shirt size:(M/L/XL/XXL ) \_\_\_\_\_

Marital Status: (M, D, S, W) \_\_\_\_\_ Spouses Name: \_\_\_\_\_

Beneficiary if other than spouse: \_\_\_\_\_

Recruited by: \_\_\_\_\_ Serial # \_\_\_\_\_

*I agree to abide by the bylaws of the Kansas City, Missouri FOP Lodge #99 and request that the Kansas City, Missouri FOP Lodge #99 be recognized as the exclusive bargaining representative for the sworn members of the KCPD below the rank of captain and non-sworn members below the rank of manager.*

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

*Due to processing procedures, Insurance and Legal Plan Coverage will not be effective until 45 days after completed application is received and approved.*

<b>Office Use Only:</b>	
Trustee/Board Member receiving application: _____	
Date received: _____	Membership approval date: _____



**FRATERNAL ORDER OF POLICE, LODGE 99  
PAYROLL DEDUCTION FORM - AUTHORIZATION FOR DUES DEDUCTION**

I hereby assign to the Fraternal Order of Police, Lodge 99 that part of my wages necessary to pay my monthly union dues, fees and assessments as determined by Fraternal Order of Police, Lodge 99 and as provided under the Dues Deduction Agreement entered into by and between Fraternal Order of Police, Lodge 99 and the Kansas City, Missouri Board of Police Commissioners. I hereby authorize the Department to deduct from my wages all such sums and to pay them over to the Treasurer of Fraternal Order of Police, Lodge 99.

This authorization may be revoked by the undersigned in writing or upon the termination of the aforesaid deduction agreement during the month of December or upon the end of my employment, whichever occurs first.

**NAME** \_\_\_\_\_ Serial No. \_\_\_\_\_

Last

First

Middle Initial

**HOME ADDRESS** \_\_\_\_\_

Street

City

State

Zip

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

Updated 2.10.2016