

Minnesota Police & Peace Officers Association
Legal Defense Fund
525 Park Street, Suite 250, Saint Paul, MN 55103
Phone: 651-291-1119, Fax: 651-291-0227, Critical Incident 1-855-533-6466

MPPOA
Legal Defense Fund Individual Application

PLEASE PRINT

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BEST PHONE NUMBER: _____

EMAIL ADDRESS: _____

EMPLOYER: _____

MPPOA MEMBER NUMBER: _____ MONTH TO BEGIN (coverage begins 1st of the month): _____

The LDF Board of Trustees or the Legal Administrator shall review each application to insure that the applicant satisfies the eligibility policies adopted by the Board.

Signature: _____ Date: _____

***Any questions on this form can be directed to Angie at 651-793-2303 or info@mppoa.com**

Please return application with a check in the amount of \$104 payable to MPPOA Legal Defense Fund.

Mail To: MPPOA
Legal Defense Fund
525 Park Street, Suite 250
St Paul, MN 55103

****LEGAL DEFENSE FUND CHECKS
MUST BE WRITTEN SEPARATE FROM
MPPOA MEMBERSHIP DUES CHECKS****

FOR OFFICE USE ONLY

Postmark Date: _____

Effective Date: _____

Date Entered: _____

Amount Enclosed: _____

Check Number: _____