

**Fraternal Order of Police**  
**Gainesville/Hall County Lodge 41**  
**Member Benefits Summary**  
**Effective January 1, 2026**

**Insurance:** **Totals are approximate of combined local and state benefits**

Line of Duty: \$57000  
Accidental (Other than Line of Duty): \$26,000  
Natural: \$ 1,000  
(If member less than 3 yrs natural death benefit \$500)

**Legal Defense:** Opportunity to participate in the National Lodge's **Legal Defense Plan which covers Administrative, Civil, and Criminal cases**. The cost of this plan is \$396 per year for full coverage or \$84 for Civil and Criminal only coverage. This is an excellent plan and is owned and operated by the National Lodge through a Board of Directors consisting of FOP members. Retired members HR 218 legal plan is \$75 per year unlimited coverage. Visit [www.foplegal.com](http://www.foplegal.com) for more details and to enroll.

Local lodge will pay up to \$1,000 per incident with your choice of attorney, or we can make a referral at member's request in time of emergency/shooting situations.

**Home/Auto Insurance:** Discounts are offered to FOP members through Liberty Mutual Insurance Company. Since this program began, we have had hundreds of members find that they experience substantial savings by taking advantage of this program.

**Retirement Benefits:** The Lodge will pay any member (in good standing for a period of three years prior to retirement) who retires with at least 20 years of service a sum of \$100. If the member has attended at least 50% of the Lodge meetings during the three years prior to retirement the amount is increased to \$500.

**Scholarship Fund:** The Lodge offers an annual \$1000 college undergraduate scholarship award for members, members' spouses, or members' children. In addition, the State Lodge offers scholarships in the amount of \$1,000. Recipients are determined annually by the State and Local lodges.

**State/Nat'l Membership:** Local lodge membership also includes membership in the State Lodge which consists of approximately 8,000 members, and the National Lodge which is the **largest professional law enforcement organization in the United States with over 377,000 members**. Both the State and National lodges have active Legislative programs, lobbying for issues which improve the working conditions for law enforcement officers and benefits the public safety. Visit [www.fop.net](http://www.fop.net) for more info on National Lodge. Visit [www.georgiafop.org](http://www.georgiafop.org) for GA State Lodge.

**Community Service:** The Lodge offers opportunities for officers to become involved in their community through such programs as Christmas Cops and Kids, Thanksgiving meals, Clermont Days Festival, Duck Derby and other community functions we are invited to attend.

**Fraternalism:** Membership in the FOP offers opportunities for associating with other law enforcement officers throughout our area, the state, and the nation.



**FRATERNAL ORDER OF POLICE  
GAINESVILLE/HALL COUNTY LODGE # 41  
APPLICATION FOR MEMBERSHIP**

(Revised 01-01-2026)

**Check One**

- ☐ I, the undersigned, a full-time, regularly employed law enforcement officer, do hereby make application for Active Membership in the Gainesville/Hall Co. Lodge #41 Fraternal Order of Police.
- ☐ I, the undersigned, do hereby make application for Associate Membership\*\* in the Gainesville/Hall Co. Lodge #41 Fraternal Order of Police.

Print Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Agency: \_\_\_\_\_

**No Agency Email Address**

**Active/Associate membership** – Lodge Membership dues are **\$50** per year. Payment is due at the time of application submission. Payments can be submitted by cash, check or website via credit card. Visit [www.fop41.com](http://www.fop41.com), click membership then click membership renewal to submit your payment.

Members joining after September 30<sup>th</sup> of any year will become members upon acceptance by the lodge, their dues will be applied to the following year.

You are strongly encouraged to enroll in the F.O.P. Legal Defense Plan. It is owned by the FOP and is governed by a board of FOP members. Members can enroll directly with the Plan Administrator, The Hylant Group, at an annual cost of **\$396** per year by going through their website at [www.foplegal.com](http://www.foplegal.com). Civil and Criminal only coverage is available at the annual rate of **\$84**. The Plan also offers HR 218 coverage for retired officers at a cost of **\$75** per year. Legal Plan brochures are available at Lodge 41. If you need assistance obtaining coverage please contact a local lodge officer.

Send application and dues to **Gainesville/Hall Co. FOP Lodge 41, PO Box 2502, Gainesville, GA 30503-2502.**

\*\*Associate members have access to FOP legal plan and can attend member events. They are not eligible to vote or entitled to the Life Insurance. If associate member becomes POST certified, they will automatically become active members.

Conditions of membership, including dues rates, are subject to change.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Amt. Pd. \_\_\_\_\_

Approved by Lodge Date: \_\_\_\_\_ Secretary Attest: \_\_\_\_\_

Added to National Roster Date: \_\_\_\_\_



# Fraternal Order of Police Gainesville/Hall County Lodge 41

## **Beneficiary Form**

New: \_\_\_\_\_ Update: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ FOP Member Number: \_\_\_\_\_

DOB: \_\_\_\_\_ Personal E-Mail: \_\_\_\_\_

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

(Street, City, State, Zip Code, also include apartment/lot number)

Phone Number: \_\_\_\_\_

Agency: \_\_\_\_\_ Active: \_\_\_\_\_ Retired: \_\_\_\_\_

1<sup>st</sup> Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

2<sup>nd</sup> Beneficiary Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

*It is the responsibility of the member to keep this information up to date and correct Annually.  
Benefits will be paid to whom is listed on the most recent dated form. If you choose to not  
complete this form, benefits owed will follow state law in reference to disbursement.  
(Revised 02/2024)*



**Fraternal Order of Police**  
**Gainesville/Hall County Lodge 41**  
**P.O. Box 2502 Gainesville, Ga. 30503**

[Foplodge41ga@gmail.com](mailto:Foplodge41ga@gmail.com)

I, \_\_\_\_\_, a full-time, regularly employed law enforcement officer or retired law enforcement officer, agree to be bound by the following obligation of the Order:

**OATH OF OBLIGATION**

I, \_\_\_\_\_, in the presence of the Creator of the Universe, 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 anyone not entitled to receive them. To all of which I most solemnly and sincerely swear. Should I violate this, my solemn oath and obligation, I hereby consent to be expelled from this Order.

I also am not associated with or a member of any party / organization regardless of what name known which advocates the abolition, destruction, or violent overthrow of the United States or any state or political subdivision thereof.

I have read and understand the Oath of Obligation of the Fraternal Order of Police as stated above. I have affixed my signature below as receiving and agreeing to such obligation, also I hereby agree to return to the lodge my membership card and any other materials bearing the Fraternal Order of Police (F.O.P.) insignia if instructed to do so by a member of the Lodge Executive Board.

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

Signature of Lodge President: \_\_\_\_\_ Date Received: \_\_\_\_\_

Signature of Lodge Vice President: \_\_\_\_\_ Date Received: \_\_\_\_\_

# Authorization to Employer for Payroll Deduction

for

Gainesville/Hall County Fraternal Order of Police Lodge 41

**TURN FORM INTO YOUR PAYROLL DEPARTMENT.**

**DO NOT RETURN FORM BACK TO FOP OFFICE.**

Payroll Deduction: Many employers (whether it be the State of Georgia, a City, or a County) offer payroll deduction as a convenience to their employees. If your employer is one of the agencies that offer payroll deduction, you should complete the bottom of this form and turn it into your Personnel/Payroll Department to begin the deductions from your paycheck.

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I hereby authorize a direct deduction of \$50.00 from my salary during the first payroll of February for the payment of annual dues to Gainesville/Hall County Fraternal Order of Police Lodge 41 ((P.O. Box 2502 Gainesville, GA 30503). This authorization is to remain in effect as long as I am employed or until canceled by me in writing.

Employee's Name: \_\_\_\_\_

FOP Member #: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer: City of Gainesville

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