



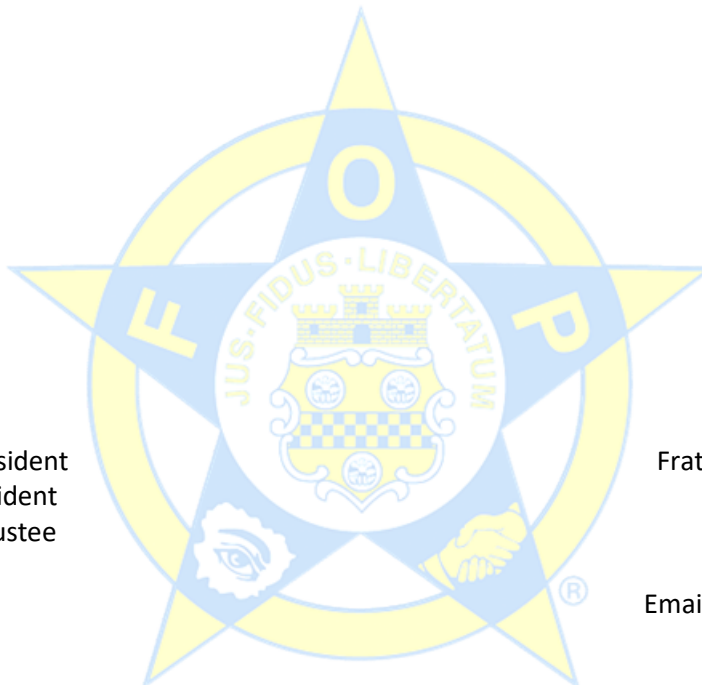
I authorize the City of Lebanon payroll department to deduct my membership and/or legal aid dues for the Lebanon Fraternal Order of Police from my paycheck. I understand that the deduction(s) will occur bi-weekly as indicated below by a check mark(s).

- Membership Dues \$4.00 per pay period
- Legal Aid Dues \$4.00 per pay period

Employee Name: _____

Employee Signature: _____

Date: _____



Jeremy Richardson – President
 Richard Clark – Vice President
 Kevin Ragland – State Trustee
 Jeff Scott – Sgt at Arms
 Brent Willett – Secretary

Fraternal Order of Police
 P.O. Box 2275
 Lebanon, TN 37088

Email: lpdfop@gmail.com