



RETIRED PEACE OFFICERS ASSOCIATION of CALIFORNIA

PO Box 1239
Colfax, Calif. 95713

RPOAC'S Fire Arms Legal Defense Plan APPLICATION

This application must be filled out by any member wishing to participate in the plan. Along with the application a separate check made out to **RPOAC FALD PLAN** must be included to access the plan coverage. If you are not currently a member, fill out the membership application form on this site and submit it with a separate check made out to RPOAC. Coverage will commence of the first day of the month following receipt and acceptance of the application.

Coverage prices: **Plan II \$144.00** (All fees are non refundable)
If you have questions call 1-800-743-7622.

DATE: _____

Name: _____

Address _____

City: _____ State: _____ Zip: _____

Telephone: _____

Benefit Plan II _____ Amount enclosed _____

RPOAC MEMBER NUMBER _____ (From membership card)

Note: Proof of current endorsement under 12027 P.C. must be provided with this application.