HENRICO F.O.P. LODGE #4
1400 N. LBURNUM AVE
RICHMOND, VIRGINIA 23223

CHANGE OF INFORMATION / STATUS / BENEFICIARY REQUEST

☐ **NAME:** _____
LAST FIRST MI

☐ **ADDRESS:** _____
STREET

_____
CITY STATE ZIP CODE

☐ **E-MAIL:** _____: _____
HOME WORK

☐ **EMPLOYER:** **HPD** **HSO** _____
CIRCLE ONE OTHER

☐ **BENEFICIARY:** _____
LAST NAME FIRST MI

_____
STREET

_____
CITY STATE ZIP CODE

_____: _____
HOME PHONE OTHER WAY OF CONTACTING

☐ **PAYMENT:** ☐ **I wish to pay my dues by check once a year.**
☐ **I wish to have the credit union deduct my payment of $.4.00 Bi-Weekly _____**
ACCOUNT #

☐ **STATUS:** ☐ **I am a current member of the F.O.P Lodge #4 in good standing**
☐ **I wish to resign as a member of Henrico F.O.P. Lodge #4 as a member in good standing. (Dues must be current)**

SIGNATURE: _____ **DATE:** _____
MEMBER

RECEIVED: _____ **DATE:** _____
F.O.P. #4 SECRETARY

UPDATED: _____ **FORWARDED TO STATE & NATIONAL:** _____

MEMBER #: _____ **CURRENT STATUS:** _____

Return To: **FOP 4 Secretary**
1400 N. Laburnum Ave
Richmond Va 23223