



MPCA Legal Defense Fund Application

Name _____ P.O.S.T. _____

Department _____

Home Address _____

Contact Phone _____

By my signature below, I _____, am applying to enroll in the Missouri Police Chiefs Association Legal Defense Fund, an exclusive benefit offered to Chiefs of Police whose membership is in good standing with the Missouri Police Chiefs Association ("MPCA").

In exchange for MPCA's processing of my enrollment, I hereby acknowledge and agree to the following:

- 1) That I have thoroughly read, reviewed, and understand the enrollment materials.

- 2) That I, as well as my survivors, heirs, assigns and representatives, in exchange for what I deem as the valuable consideration of the benefits of MPCA-Legal Defense Fund membership, do hereby grant a waiver, release and indemnification to MPCA and any of and all of its related entities and each of their agents, officers, employees and representatives from any verdicts, judgments, claims, causes of action, or disputes of whatever nature I might have now or in the future, arising out of my membership in or enrollment with MPCA-LDF. Pursuant to my agreement to indemnify, I agree to pay upon demand any and all legal fees and costs relating thereto, incurred by MPCA as the result of any claim, cause of action or dispute brought against MPCALDF and/or MPCA by myself or by my survivors, heirs, assigns or representatives, relating to my enrollment or membership in MPCA-LDF.

Signature of Applicant _____

Date Signed _____

Indicate Payment Method:

____ Payment Enclosed

____ Please Invoice Billing Address

____ Credit Card Payment (4% processing fee will be added)

BILLING ADDRESS:

Credit Card # _____ EXP _____ CVV# _____