

A.L.E.O.
Legal Defense Enrollment Form
for
PORAC LDF Legal Defense Services

PORAC LDF ENROLLMENT FORM WITH ACKNOWLEDGEMENT, WAIVER AND RELEASE TO THE ASSOCIATION OF LAW ENFORCEMENT OFFICERS (A.L.E.O.)

By completing this Form I, _____, am enrolling in the PORAC LDF Plan through the Association of Law Enforcement Officers (ALEO).

In exchange for my accepting the assistance of ALEO, in processing my enrollment in PORAC LDF, I hereby acknowledge and agree to the following:

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

That ALEO is not affiliated with PORAC LDF, and has no involvement in or control over the operations or decisions of PORAC LDF, other than that enrollment with PORAC LDF is a benefit of membership in ALEO.

That ALEO is not a representative, agent or guarantor for PORAC LDF, and that any disputes or disagreements I might have with PORAC LDF are to be handled through its dispute resolution procedures.

I, _____, as well as my survivors heirs assigns and representatives, in exchange for what I deem as the valuable consideration of receiving the assistance of ALEO in enrolling in PORAC LDF, do hereby grant a waiver, release and indemnification to ALEO and any and all of its agents, officers, employees, representatives and related entities, from any verdicts, judgments, claims, causes of action, or disputes or whatever nature I might have now or in the future, arising out of my membership in, or enrollment with, PORAC LDF. Pursuant to my agreement to indemnify, I agree to pay upon demand any and all legal fees and cost relating thereto, incurred by ALEO as the result of any claim, cause of action or dispute brought against ALEO by myself or by my survivors heirs, assigns or representatives, relating to my enrollment and membership in PORAC LDF.

Signature of Enrollee

Date Signed



A . L . E . O .

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A.L.E.O.

Legal
Defense
Fund for LE
Command



A.L.E.O.

A . L . E . O .

What is A.L.E.O. & How do I Join?

The Association of Law Enforcement Officers (A.L.E.O.) was created to provide specialized services to its members that otherwise would not be attainable without this organization.

A.L.E.O. serves its membership by providing specialized training in the area of employment law and provides a legal defense fund that is specifically designed for its members.

Who is eligible to join A.L.E.O.?

To become a member of A.L.E.O. you must be a member of the Missouri Police Chiefs Association in good standing, hold a law enforcement license and commission, and be approved for membership by the executive board of A.L.E.O.

What does A.L.E.O. do for me?

A.L.E.O. provides you three levels of legal defense protection as a law enforcement officer: Administrative, Civil & Criminal and provides training.

LEGAL DEFENSE SERVICE

A.L.E.O. provides you administrative, civil and criminal defense coverage. What this means is that the service pays your legal fees and provides you an attorney that you choose (attorneys sign-up to serve this plan) who is skilled and experienced at defending and representing law enforcement officers.

This plan unlike others does not require a review for representation. You call, select your attorney and then the next return call you get is from your attorney.

Furthermore, this legal defense plan unlike other plans not only defends, but provides for affirmative relief.

When you join A.L.E.O. this plan is included in your low annual membership fee of \$255 and your coverage begins the day your membership application is processed and ends when you choose to no longer be a member.

Specialized Training

Specialized labor law training is very important as labor law is very specialized, complicated, and ever changing.

A.L.E.O. prides itself with having some of the most aggressive and brightest legal minds in the state.

Knowledge is power and A.L.E.O. seeks to empower its members which in-turn enhances the professionalism of its membership.

A.L.E.O.

Membership Application

Last Name: _____

First Name: _____

Agency: _____

Rank: _____

Email: _____

Phone: _____

Fax: _____

Cell: _____

Address: _____

Annual Fee: \$255 or Monthly \$21.25

Payment Options:

Check Enclosed. \$255 _____

Credit Card:(Circle: Visa Master Card Discover)

Circle: (Annual or Monthly)

Card #: _____

Expiration: _____

Payroll deduction: Call 573-636-5444